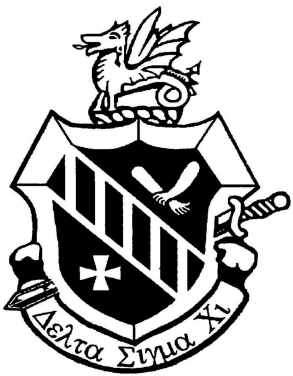
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The Philosophy, Science and Art of Chiropractic Nerve Tracing

A BOOK OF FOUR SECTIONS

Lectures Delivered by
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B. J. Palmer, D. C., Ph. C.

M. H. Palmer, D. C., that tireless, constant and truest friend any worker could desire—his wife, is this book dedicated.



M. H. Palmer, D. C.

Nerve Tracing

STUDY 31
Lesson 1

In the history of nations it is ruled by the thought as practiced and lived by the men of that country. In the history of philosophies, sciences and arts there have been but few revolutionary movements in its history; i. e., there have been few thoughts so great in their revolutionary influence that it has practically or entirely overturned all that has went before. In the phase which we are most interested in, therapeutics, there have been so few that they are rare, revolutionary movements in the history of that body. I might almost say within the bounds of reason and investigation that the ideas practiced today were practiced three and four thousand years ago.

Of modern times, though there has been *one* revolution, blood circulation by Harvey, and I question whether even that can be considered a revolutionary thought because its application was upon the basis that existed. I can most severely criticize and condemn the lack of investigation of sufficient character so that medicine has never had one revolutionary thought in its rank.

You may think I am speaking harshly, unjustly and without due consideration, but I am basing my investigation upon historical results of every make-up that have been in existence for thousands of years. I am basing it upon the research given the subject, and I can say, that medicine as practiced today has the same *basic principle.* It was only a few hundred years ago they gave lizards and toads to the human family, that the *cure of disease* was based upon *a treatment of its effects* in a superstitious manner, and can we say more than that when we believe that contagion depends upon the thing that makes it contagious, such as the infinitesimal bug? Is not that a superstition based upon a myth, a theory? In fact, is not all of therapeutics based upon the fundamental of *treating effects,* and was medicine of three or four thousand years ago different? I cannot help at this time feeling, and justly so, that *Chiropractic* is really the first completely revolutionary idea that has been presented to the world of therapeutics for ages.

I say "revolutionary," and I am implying just that from the first fundamental. It is assuming no fundamental gone before. It is working out "theories," ideas, a science, art and even a philosophy *of its own.* Its basic principles is not the fundamental that has existed, that has swept the pages of therapeutics before this. It is upon *one* of the peculiar and particular phases of revolutionary lines of thought, in this connection, that I am going to talk.

Look, if you will, briefly, into the pages of therapeutical history and you find there the *sympathetic nervous system.* It is of at least a thousand years ago. This theory of "sympathy between one or more organs distantly placed" is an old idea handed down from one family to another, from one generation to another, from book to book and always *has been* accepted because the learned man "knew it was so." I wish to revolutionally change the ideas we have conceived and replace it with something that even at its basis *is* different, and I wish to substitute anything in the character of a "sympathetic nervous system" wherein "sympathy" is the basis with a direct communication from brain cell to tissue cell system.

I am going to take you through a few of the cases of nerve tracing that has been done in this school in regard to tracing from direct tissue cell to direct brain cell, and I want, as you reason about the paths of nerves, where they begin and end, to keep in mind that every proof we offer is just that much change in revolutionizing the old to the new. If you investigate this more thoroughly from the Chiropractic standpoint, you will grasp what I mean when I say Chiropractic is the biggest movement that has ever been started in the history of the world. I say big and I mean *big,* because as soon as we see the revolutionary phase it means that we have changed our viewpoint regarding the socalled sciences of today—Biology, Chemistry, Botany, Zoology, etc. It means that if we can establish the facts that we are presenting in a logical conclusion, then everything else changes with it.

I want to talk about this proposition of nerve tracing and outline it in such a way as to suggest the principles and state of affairs in nerve tracing today. We chiropractors talk a great deal about *nerve* tracing. What do we mean? Some mean one thing and some another, but most mean the actual, physical, manual palpation by which we trace a nerve from its emergence from the spinal cord to its peripheries or nerve endings, or trace from the peripheries to their entrance into the spine to proceed to the brain.

There are certain questions about nerve tracing that naturally suggest themselves and that must be met and answered. Probably the first are: *When* to trace, *how* to trace, and *why* to trace nerves. It is hardly necessary to answer where to trace nerves because the only possible place is along the course of the nerve itself. As to when to trace nerves, I should say the only possible conditions under which a nerve can be traced are conditions of dis-ease,—incoordination,—conditions of abnormality in which the nerve is impinged and therefore is not able to transmit its normal amount of mental impulses. Nerves under impingement are usually tender and swollen and it is only in these cases in which pressure upon that nerve by the finger or by any other agency elicits a feeling or sensation in the mind of the patient of tenderness that the nerves can be traced. Thus it is that nerve tracing is not applicable in all cases but only approximately 90 per cent. We are unable to trace nerves in cases where pressure is so heavy that all possible feeling of tenderness is gone, cases in which there is no response

to pressure along the nerve at any place with sensation of tenderness, but I should say unquestionably every Chiropractor should use nerve tracing in all cases that come to him in which it is possible to do so. That much for the question when.

Now the question why. For several reasons it is necessary that we, as a profession, give more attention to the subject of nerve tracing that we have done in the past. Dr. Patchen said in an able lecture that there are two things that we need to know about the patient. The first is, where there is something wrong, and, second, what can be done to benefit him? Nerve tracing comes under the first half of that question. Nerve tracing aids in knowing what to do to benefit the patient by determining where the subluxation is and this it does by establishing the location of the subluxation. It will not only do this for you and thus aid you to know where to give the adjustment, but it will establish, in the mind of the patient, the connection of the cause of the disease with the periphery. As a general rule, it is hard for new patients to comprehend that subluxated vertebræ may be the actual physical representative of the cause of the incoördination in lungs, kidneys, stomach or in some other organ or tissue. It is hard for him to understand because he has had nothing from which to reason. We learn only by reasoning from the known to the unknown; this is an old truth and one which you can use to advantage. If you do, you must begin with what the patient knows or you must begin by using something which can be demonstrated to him, either by sight or touch or by the actual interpretations which occur in his mind. By nerve tracing you are dealing with a system of demonstrations in and through which the patient actually *feels* the connection; feels that you are passing down the course of the nerve so that by the time you have finished he has felt a definite connection between a certain point in his spine and the organs not normal. It has been our experience and that of those among you who use nerve tracing that there is nothing which will so enable you to hold that patient as nerve tracing. So much for the reason why.

There has been much discussion as to nerve tracing, and I wish to say that nerve tracing is not alone something which belongs to Chiropractic. If you take the dictionary definition, nerve tracing has been used by the medical and osteopathic profession before us. Medical men have traced nerves by working them out *by the use of the knife,* as in dissection or vivisection, as well as they could. I am sure that medical men have traced nerves in investigation—which, of course, needs no comment here. Osteopaths have traced by the use of electrical machines, passing down the problematic course of a nerve and by observation of electrical reactions that occur along that nerve. All that has been done in nerve tracing by the Osteopathic and medical professions has been done working on the basis of *"sympathetic action"* of the nervous system and by the law of expectancy have found what they were looking for, while we, as Chiropractors, have radically departed from this basis. Chiropractors prove by logic, as in philosophy,

and by results, as in the clinic, that there is a direct connection between brain cell and tissue cell. The action which takes place in the nervous system exists in a direct current from the brain to the tissue cell and from the tissue cell to the brain to complete the cycle. In this way we have traced over, thru and past every ganglion that was near enough to the surface of the body to be taken into consideration. We have presumed from the universal functional connection that if we could have access to the deeper nerves in the thorax, for instance, we could trace them also.

The proper method of scientific procedure which everyone should follow if he is investigating, with the idea of determining new truth; that is, truth new to the educational world, is this: first an observation of facts, of every fact which can be observed, which has any bearing upon the "theory" in question. Second, the classification of these facts as nearly as possible with regard to their resemblance to each other to include as many facts of the same kind as can be gathered together. Then, third, reasoning which will lead to the deduction of laws which bring about that series of facts. This is what you have done in Chiropractic nerve tracing. A "theory" was advanced that the action of the nervous system is direct instead of sympathetic. That was purely a "theory," not based upon anything except pure reason, pure logic. Concomitant with that arose a series of investigations which brought to light a large number of facts. Facts observed by scores of men and women all doing the same thing, eliciting the same kind of facts and massing the multitude of simple facts of nerve tracing. We were certain that a nerve might be traced from between the fifth and sixth cervical vertebræ directly out from the shoulder and down the outer aspect of the arm, swinging around to the interior aspect of the arm and proceeding down to the hand. That nerve has been traced by a large number of men, all found practically the same, with a certain amount of deviation which we find in every part of man.

With this large number of facts classified in that way, it became necessary to deduce the reason or principle behind them. The subluxation theory had been thoroughly demonstrated clinically—that the giving of adjustments, the actual accomplishment of the thing attempted—was always followed by the relief or disappearance of "symptoms" which led to the adjustment of a vertebra. Having established that thoroughly, in addition to the facts which had been observed in regard to the course and passage of nerves, in deducing the laws or principles which govern the action of a nervous system working on that basis, and we have as a reason for that a multitude of experiences, all leading to the same conclusion, we were forced to accept the inevitable conclusion that the passage of power is a direct one from the brain to the tissues of the body. Some can't see how I reason that nerve tracing ends at the spinal column. Having traced that far I bring in the facts in connection with the subluxation theory; that is, that the adjustment following the subluxation will always bring about the correc-

tion of the incoördination of which that particular subluxation is the cause. By experience along that line in palpating for subluxations it was found that when an adjustment was given the impingement disappeared and at the same time the effects at the peripheries disappeared. Knowing that the voluntary as well as the "involuntary," that is, the *so-called* "involuntary," muscles were affected by the pressures upon nerves at various points in the spine and that the correction of subluxations caused the disease to disappear in those muscles which were under the direct control of that mind residing in the brain, it was natural for us to conclude that the action was the same in each case.

The most important thing probably in nerve tracing is manual dexterity and mental interpretations; that is, skill in the use of the hand and clearness of that differentiation by the tracer and patient. This is usually acquired by skill in palpation, which is the same kind of sense training that we use in palpating for a tender nerve. To the Chiropractor the second finger is the tracing finger. The use of the second finger reinforced by the thumb and first finger affords a very small pointed and keenly sensitive instrument with which to do the work. The hand is then used in a transverse movement across the course of the nerve or the problematic course of the nerve so that the finger crosses it at right angles and produces a pressure on the nerve as it passes across. This, on an impinged nerve, usually gives rise to a sense of tenderness.

Coöperation with the patient and the Chiropractor is essential to successful nerve tracing. Drop the finger perhaps a half inch, perhaps an inch, farther down; repeat the operation in that way and the sensation of the patient will determine whether he has somewhat of the same kind of tenderness. The difficulties that usually occur in nerve tracing and that are the most frequent and disconcerting lies perhaps in the fact that the patient may not know enough of what you are doing to coöperate with you or that you may not be able to feel the muscular contraction along the course of the nerve which is an evidence that you have crossed the nerve.

There is a particular aspect aside from the technique of nerve tracing that I would like to touch upon. So far all of the nerve tracing in Chiropractic, while it has been excellent, has produced excellent results,—has been used by many Chiropractors with a large degree of success,—has still shown a remarkable divergence of method and of accuracy. All the palpation that we have used, with all the talks that we have heard along the line of nerve tracing, has not yet systematized it in such a way that it has been taught to the vast mass of Chiropractors in such a way that they do use a universal method and therefore do not get a universal success. Do you understand what I mean? We have in the form of adjustment a something which can be demonstrated, transmitted from one man to another without a great or appreciable loss; something about which we have books printed, long articles and

discussions published. Palpation is something which can be demonstrated, and we are teaching a universal method. With nerve tracing there is no universal method. The problem which confronts Chiropractic—that is, it should be the problem of every student thereof—is the development of such a system of nerve tracing as will be universal, universally successful, and as nearly perfect as possible. I do not suppose that we will ever be able to trace nerves in more than 90 per cent of the cases. I do not suppose that even in those 90 per cent we will use exactly the same methods or discover exactly the same things, but still I know that nerve tracing is not as perfect as it could be, providing all better understood care and discretion in their work.

It is one of the three important branches of the Chiropractor's analysis, which should consist of analysis, nerve tracing and adjusting. You should be a competent nerve tracer, as nerve tracing is an easy thing to theorize about and to explain in such a way that another man can actually trace a nerve. It is not very difficult, for instance, to trace the great Sciatic nerve, but so far as the actual discovering and being *certain* about the path of the nerve in every case, I say that we Chiropractors are as far from that as,—well, I will use the illustration of the old minister in our home town. He had a pet expression, "As far as the east is from the west," and that is about the difference in the various methods used by Chiropractors in tracing nerves.

I might add that there is a movement on foot for the solution of that problem. It is hardly fair for a man to offer a problem without offering a solution. The P. S. C. has devised a plan by which we are able to develop classes in nerve tracing and to establish a universal method, and also we have in mind a system which will be explained in these lessons so that all can accept and they will be able to utilize it in practice. I should like to see science so fulfilled that every Chiropractor in the field will use the same method of palpation, of nerve tracing, of analyzing effects and the same method of adjusting. That is, the same method is applicable to the same class of cases. In that I don't wish to be understood that exactly the same adjustment should apply to every case, but rather that every Chiropractor should be educated to the point at which all would be confronted with the same case, give exactly the same adjustment. It probably depends more on you than on us whether we shall accomplish that or not, so outline your study in this work with the solution of the problem of nerve tracing as one of your chief objects.

Analysis is the key-note of all things; in all businesses that are successful, anything old that is made better, anything new made considerably better, anything better which is made best, which is progressive, new, rebuilding, progression, evolution, all is but an *analysis* of things as old as old can be. We ask ourselves in this age of advancement whether there is anything new under the sun; the answer immediately must be "No." There is absolutely nothing new; there is no new question today of the evolution of things

material; the evolution of matter did intellectually place a new interpretation, perhaps, upon things, but even that is not new; it is old.

In this study of evolution of all things material we find that therapeutics has always played a most important part in the welfare of man and upon his welfare depended what men did; whether he was healthy, wealthy and wise depended on his health usually; sometimes the healthiest man is wise and is also inclined to be the wealthiest.

As I have said, the therapeutical studies have in a great degree measured the advancement of the world; not by so making the statement do I grant that therapeutics has ever been right, but it has been right so far as it went in its step in its evolution. In the study, then, of things of this world, we have been bringing about this world's each and every step; for instance, go back to the present threshing machine and even that has had its movement by stages. Take man himself, and he will grow from boyhood to your manhood, and from that to old age, the boy from the embryo and the embryo from the fœtus; so we have characteristic terms which express so-called divisional processes.

So there is no question in my mind but what there was something to precede homeopathy and that allopathy preceded homeopathy, and so forth, and it was just and right that it came when it did. There is no question but what osteopathy had to have its whirl at the world when it did, but it is getting to be like all the others now; in its place and even in the place of all of them is to come the science of Chiropractic. You ask why the one is going to replace all others, and you will ask, why has one followed the other in regular order? It is because it has been easier—it has been the history of every rule combined into a truthful analysis of anything. I have said that analysis is the key-note; I mean it; analysis has been the key-note of therapeutics, altho little utilized, and analysis is the key-note of why Chiropractic is here; because muchly used. Homeopathy then first showed us that homeopathy was better than that which preceded it; eclectism was better than homeopathy; then osteopathy rose up, it was better than any of these, and today Chiropractic has replaced even that which replaced homeopathy and is replacing them all because it is progression. Progression is but analysis; analysis then is but detailed reasons why and the hows of all things, so that we understand them in our finite mind. I stated that Chiropractic is replacing all these; it is fast doing so upon the ground that Chiropractic is better analyzed and is more thoroughly the whole truth; more the truth than anything gone before. There is only one basis for a truth, there is only one analyzed basis of why and how we adjust man; only one; not one hundred, not a dozen. Again, we look at the crawling of a snake upon the ground; there is only one analysis of why and how that snake crawls. We look at any beast of burden working in its daily harness; there is only one analysis of how and why it is living. We look at man, there is only one analysis

as to why and how he lives; there is only one analysis of why he was born; there is only one analysis of why and how he dies; there is only one analysis of why he came and why he lives and goes; there is only one solution of this problem. Consequently Socrates, Hypocrates, Harvey, Confucius, Caesar, Napoleon, Roosevelt, Palmer, any of them, all of them, they have always had the same one man to look at; just one; not many. Every one of the parties mentioned had the same opportunities to look at man in their various times as we have today. Mankind has always been the same so far as our present area of education is concerned. It is true that could we grasp the significance of the hundreds of thousands of years spent in the progression of mankind and run back over all the years, from the time our ancestors are supposed to have been apes until the man of today, we would see the evolutions; but while we significantly speak of education being a process of thousands of years—a few thousand years—we cannot during that period of time prove the evolution that has taken place, and it is my opinion that man has lived not just a few thousand years, but millions of years on this earth. Consequently the transmission from the ape to man—the transformation from ape to man has not been the process of a few thousand years, but ran into the hundreds of thousands of years. Run back to the time of Confucius and compare the ideas he had of man and compare those ideas with our ideas today. We will see then but little progressive change. He had the same demands and the same opportunities of analysis that man has today, and while it appears egotistic to compare myself with Napoleon, a great man, and Roosevelt, a great man, and Palmer, a common man, we have all had the same opportunities *to analyze man;* but we find now, in the analysis of education, that man has constantly been changing from what he thought he was, in his own mind. Therefore, education as we get it is but a question of the viewpoint of what we think we see; according to what we see do we interpret, and according to what we do we interpret, and according to that do we analyze. Analysis then is but the attempt upon the part of man to explain why, and how, certain things have occurred. Let's look at mankind. He has always been likely to be sick one day and well another. I say that there is one reason why and how that man is sick; *just one;* not many; and consequently Chiropractic has reached the truest and the only solution of the real truth of those things, and a great deal more truth, consequently, than that which is called truth in the so-called sciences.

In view of these facts I feel justified in saying that if any of you or I pass out of this world today that this truth would continue to go on and revolutionize the whole world, because it has been properly started and it is now in the hands of so many who think so much of it and, too, it being the truth in itself, is enough to insure its perpetuation.

When any man enters into this work for the aim or for the purpose of making money out of it and to play upon the suffering

of humanity simply for money, you can be sure that person will fail in business sooner or later.

Again let us analyze Chiropractic as it is today. Primarily, we know sickness to exist; we note sickness; when we note sickness we must note health, which is its contrast; primarily we observe sickness, and sickness again can be analyzed in its analysis into three primary phases: symptomatology, palpation and the most important one, that of nerve tracing. Chiropractic nerve tracing is not known nor taught in any therapeutical school. It originated here; it is the key-note of our work; it is the product of mental analysis first and physical desires second to see that the mental-physical demands live up to the mental analysis.

Nerve tracing is what its name implies, the tracing of nerves; not tracing nerves in *a dead body,* but tracing them out in *a live* body; not tracing according to the meaning of the term "tracing of nerves" as commonly accepted in this connection, but it is a tracing of, 1st, their position; 2nd, location; 3rd, periphery; 4th, paths and their termination at the spine by means of digital palpation with the fingers. Nerve tracing is one of the most remarkable changes that has taken place in therapeutics for hundreds of years. In this country, instead of the history of medicine revealing anything new for the past six or seven hundred years, the only remarkable changes taken place are those founded upon the discovery of blood by Harvey; any other attempt in the therapeutical world has been but a fancied change; here today and gone tomorrow; of value today and valueless, worthless, tomorrow. Alongside of that or those great observations made by Harvey in his tracing of the circulation of blood I believe that it should be said that nerve tracing should take a stand with it, on this ground, that much in therapeutics today, especially in the neurological mind, would be in the discussion made upon the nervous system today—that much of the work done is problematical, and he has not given a single fact unless it is guesswork. While this statement is revolutionary, contrast it with the statement of Gray's Anatomy, Dunglison, McMurrich, or any other authority that you want to cite. They state that the nervous systems have distinct paths, whereas their whole teachings are mythical from the brain to the toenail. I don't make this statement rashly; I make it conservatively and base it on analysis of the facts that they in their attempts to apply to their system have failed absolutely, inasmuch as they cannot make it apply to man as he really lives. It is a fact that any physician, be he the greatest or the smallest, or be he the most wise or the most ignorant, or whether he have the greatest reputation, or whether he have the poorest, he can take a dead body and he can show you nerves; he can show you large nerves; plexuses and many ganglia, but he cannot nor never will be able to demonstrate the "sympathy" as he claims it to exist. Therefore, all conclusions reached in anatomies have been purely hypothetical, physiological conclusions, based on dissectional anatomy. We are forced to conclude that certainly something must be done, found or dis-

covered which will come forward and overthrow these hypothetical deductions and replace them with something that will be truthful and scientific, and not only the truth but that which will be permanent because of the fact that it is truth.

I feel today that that which we as Chiropractors are supplying is purely radical, practical and scientific. What I propose is to explain Nerve Tracing as we have discovered and advanced it, and then compare it with the Sympathetic Nervous System, as it is called. The Sympathetic Nervous System, as you know, is purely an attempt to have fibres from one plexus to another and from one ganglion to another, and from there to some other.

It is purely a case of where, with Chiropractic, we are aiming to accomplish great things, almost insurmountable obstacles and apparently impregnable and supposedly impossible facts of tracing the nerve fibres from the place where the difficulty seems to arise or where the trouble is felt, and trace from the abnormality back to the cause, wherever that may exist. It is true tracing out nerves is very delicate work and therefore it is necessary that the highest degree of care and skill be exercised both on the part of the patient and on the one doing the tracing that the proper interpretation may be given to each phase of the work as it progresses. Much of this needs exist in the patient's mind; in fact, should be interpreted by he and you, and both should be able to work from that viewpoint. It isn't a work wherein you can guess out the path of a nerve and the problematical steps until you arrive at some conclusion; it isn't a work that you can jump into and immediately conclude that you are right in anything that may occur to you; you must analyze your work in nerve tracing that you must depend on. Nerve tracing is a careful work, it requires the normal intellectual interpretations of your patient as well as yourself. It is that condition wherein your patient must use his intelligence linked with yours to the entire absence of anything surrounding you. You two must be conjointly working to a common end; therefore it becomes necessary for you, as a Chiropractor, properly aiming to trace the nerve, to tell the patient what you want to do and how you propose to do it, and explain what you *are* doing so he can work in unison with you. Explain first the object of nerve tracing.

That which any physician attempts is practically impossible. Only yesterday one student said that his physician had said that there were no direct nerves from the spine to the appendix. According to Gray's and other anatomy this is correct; he was right in his statement from his viewpoint, but he was far from being right from the viewpoint of actualities of truth. That physician, however, wouldn't dare to make that statement before you or myself, because if we had an appendicitis case before us you could easily and very quickly prove him clinically wrong.

Nerve tracing requires diligence, time and effort, accuracy of feeling and many details which you will get as you progress in the case, and it is for the reason of some of these smaller intricacies that I am going to present a few of these views.

Don't allow cross fibres to worry you when you are nerve tracing. You may be tracing on a definite path and you will come to another fibre that is impinged at some vertebra above or below the one at which you are working. That oftentimes permits a subject to sidetrack. It is these sidetrackings which will put you off more than anything else. It will start you off on one or more wrong nerves and in that manner you will be compelled to retrace your steps and start over again. You will find in tracing up the fibres that one or the other presents "a different *kind*" of tenderness; that is, you can bear in mind you are tracing nerves upon *a living, feeling,* thinking body, having a mind which reasons, deducts and which logically feels what you are doing. It is when tracing one particular fibre and working along one definite line that another crosses it that you will get *two different degrees of mental interpretations.* It is then that you must be careful of the cross fibres. Another warning is that your patient will or may tell you that "this is tender" when he is but ticklish, especially in the region of the lumbar, in the region of the hips, along the upper anterior thigh and pelvis, and inasmuch as these parts are most usually ticklish, it is well to be careful to use your judgment at these times.

It pays, again, when your patient is being traced and you are working on special nerves, to see and make a clear emphasis to the patient to distinguish whether tender *or* ticklish; be sure to make the right distinction.

The thoro general, internal and external, conclusions that we have reached in thousands of nerve tracings justify us in stating that we shall be able to overthrow the "sympathetic nervous system" as taught in Anatomies. These tracings have been carefully worked out and everything had been carefully and accurately verified; consequently there is no "theory" and there are no idiosyncratic emotions entering into our composition. These nerve tracings have proven conclusively, by the results following the adjustments, that they were correct, and the results prove the statement. These results have been revolutionary inasmuch so as the surgical nerve tracings which preceded it were very unsatisfactory. It removed the effects; consequently every step in the analysis from the effect back to cause or back to the adjustment, rather, following the nerve tracing and adjustment of the subluxations and the lack of the flow of currents—every step has been one of analysis and has been revolutionary in itself. Consequently we have just gotten started on the great number of cases which you will have in your lessons. Bear in mind then, that correct nerve tracing is reliable, and when you sum them up it will most certainly revolutionize conditions. This system places in your minds thoughts so revolutionary that they overthrow the "Nervous System" in Gray. These nerve tracings can be depended upon; it will meet the criticism and that is something Gray's Anatomy can't do, even in the less difficult problems. Nerve tracing is work you cannot jump at and conclude in a hurry; it is a work which you must devote every

faculty to; which will need your complete concentration. Even the most simple require exact work.

The attitude of your hands is particular work and important; it is not taking the heel of your hand on a body somewhere; you should take the smallest tip of the index finger and trace out the nerve in question.

This finger shows the manner of palpating for a subluxation. If you trace from cause to effect then you follow out upon the same grounds as given in any other palpating work. Consider, if you will, from cause you will find your subluxation first. Find what kind it is. Then from them you begin your process of nerve tracing. Notice the many crosses. At the crosses you have found no pressures upon nerves above or below, consequently the one point being tender, you are able to form your conclusions to a certainty. We will go on with these pictures or views here and you will see the demonstrations of the work as we proceed.

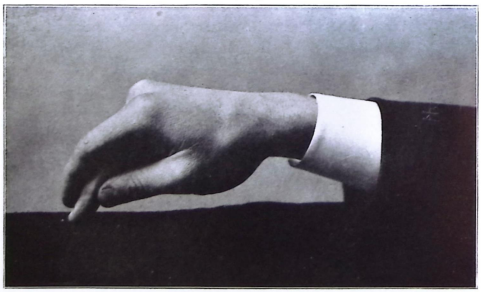


Illustration No. 1.—Position of tracing finger, right hand.

SECTION I

A complete set of views showing *the process* of tracing *from* the physical representative of the cause *to* where effects are known to exist, objectively or subjectively.

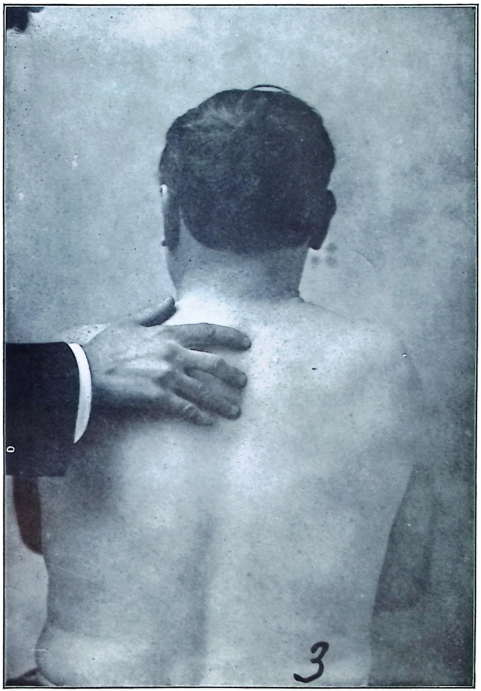


Illustration No. 2.—Tracing from cause to effect. Ascertaining the subluxation, three fingers on spine. Normal palpation of 2-3-4 dorsal.

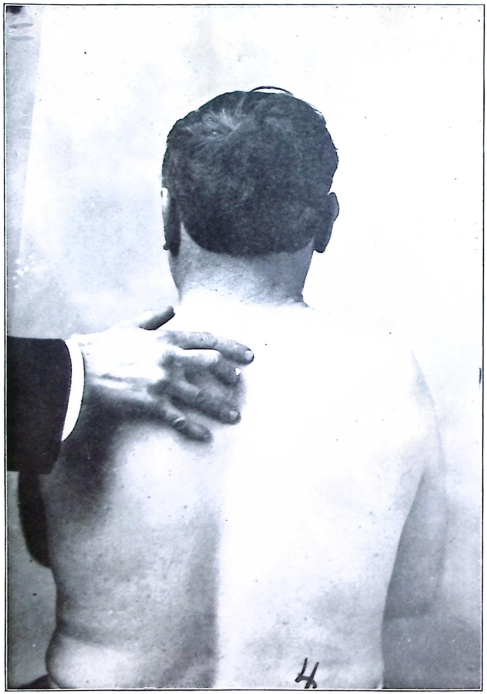


Illustration No. 3.—Ascertaining subluxation—left superior, fingers on body.



Illustration No. 4.—Subluxation shown to be left superior. With bones over spinous processes.



Illustration No. 5—Hunting for main trunk of nerve as it leaves spine. No tendernesses were found above or below.



Illustration No. 6.—First line of tenderness leaving the spine. Crosses trunk nerve showing from foraminia to first cross-line, indicating where no tenderness was found.

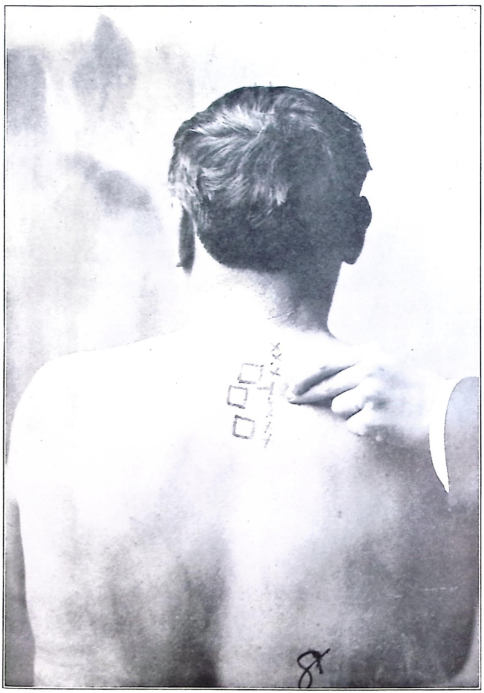


Illustration No. 7.—Finding second point of tenderness, finger on body.



Illustration No. 8.—Second cross-line, fingers not on body.



Illustration No. 9.—Finger on body at third point.



Illustration No. 10.—Third line crosses indicating points at which no tenderness was found.

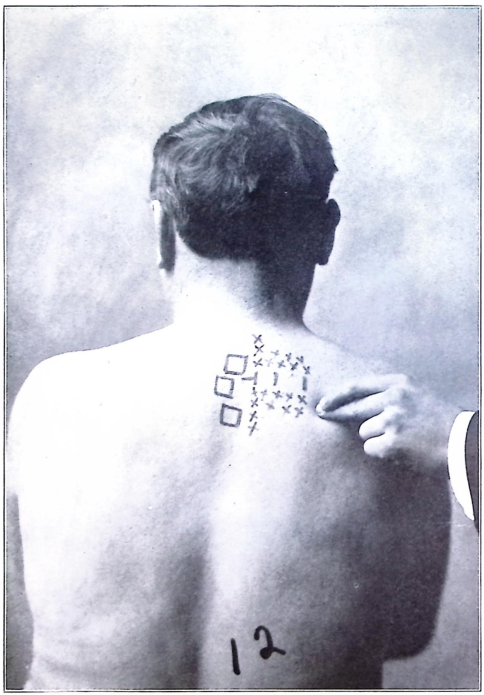


Illustration No. 11.—First point inferior to main trunk is found tenderness. Finger on body, indicating that there is a branch fibre in this region.

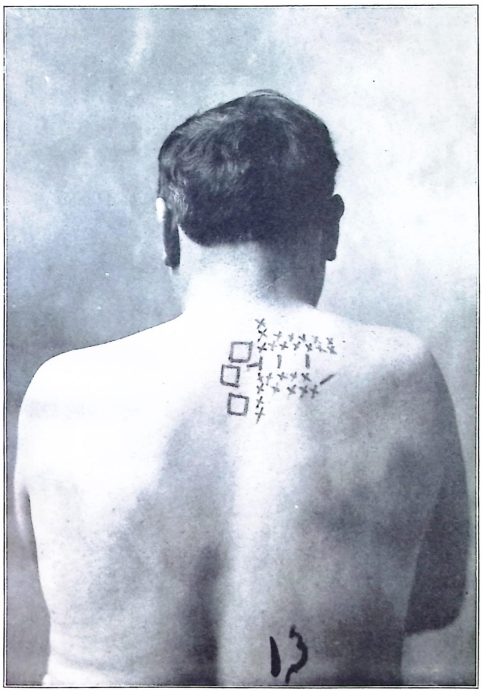


Illustration No. 12.—First cross-line inferior to main trunk nerve showing inferior branch. Crosses indicate no other tenderness.

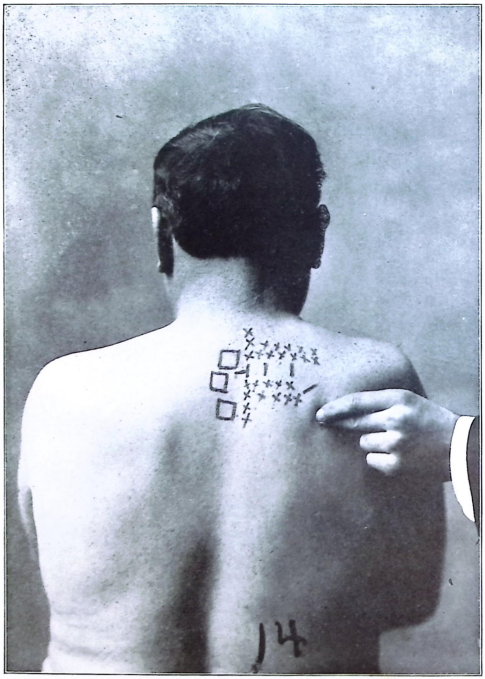


Illustration No. 13.—Second point of tenderness inferior to main trunk line. Finger on body showing same inferior fibre being traced farther downward. Main trunk remains untouched.

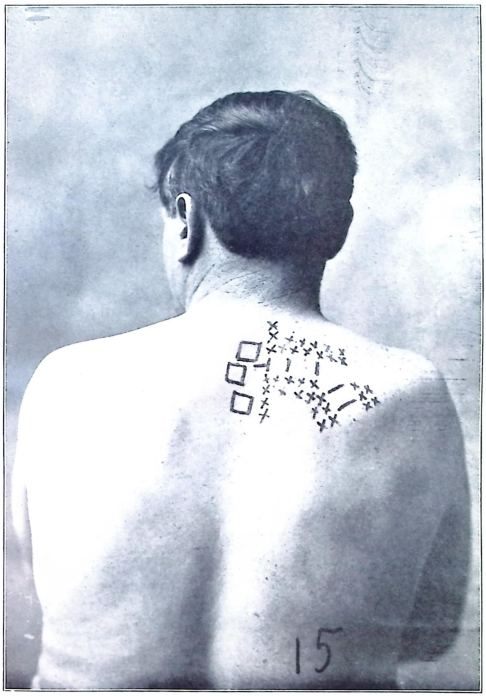


Illustration No. 14.—Crosses indicate where no lateral tenderness was found. Line of second point an inferior nerve is shown.

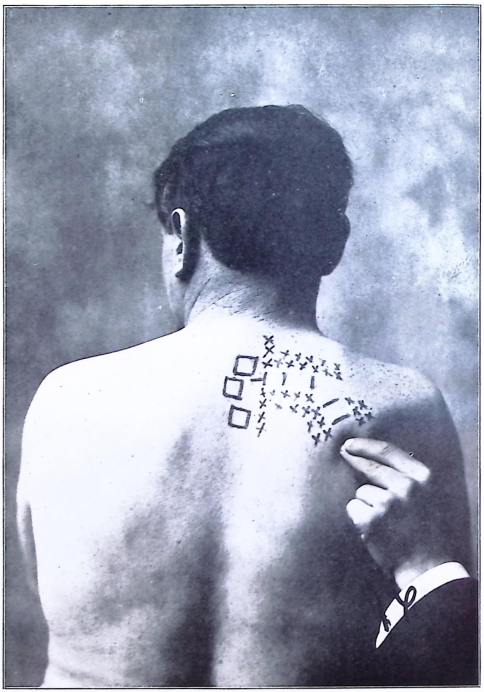


Illustration No. 15.—Finger in position, finding third point on inferior nerve.

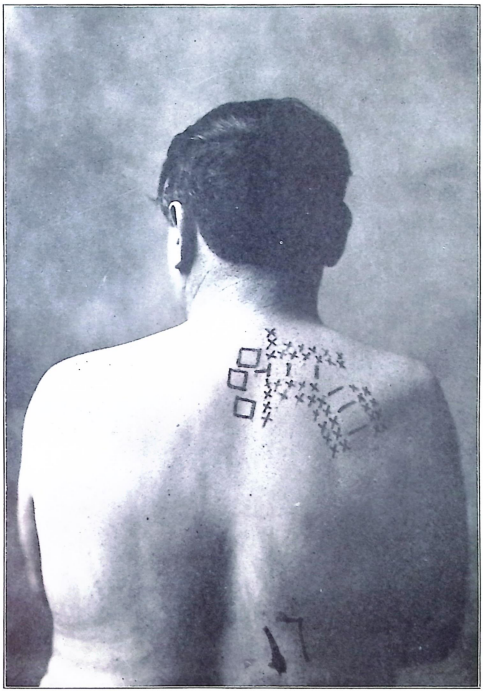


Illustration No. 16.—Third cross-line shown with crosses.

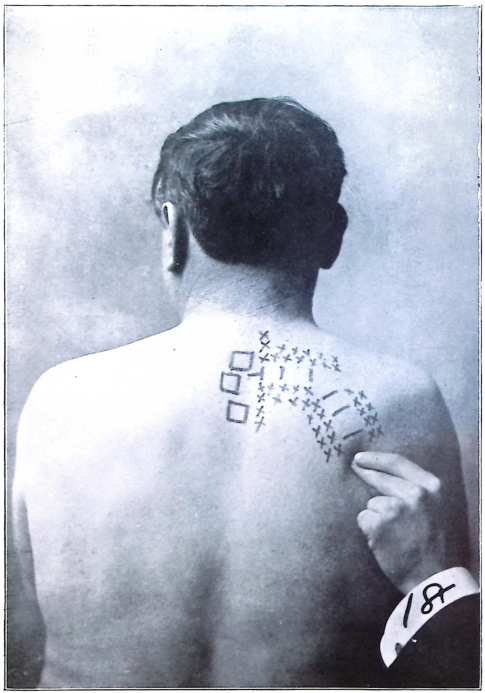


Illustration No. 17.—Fourth tender point on inferior nerves from main trunk.

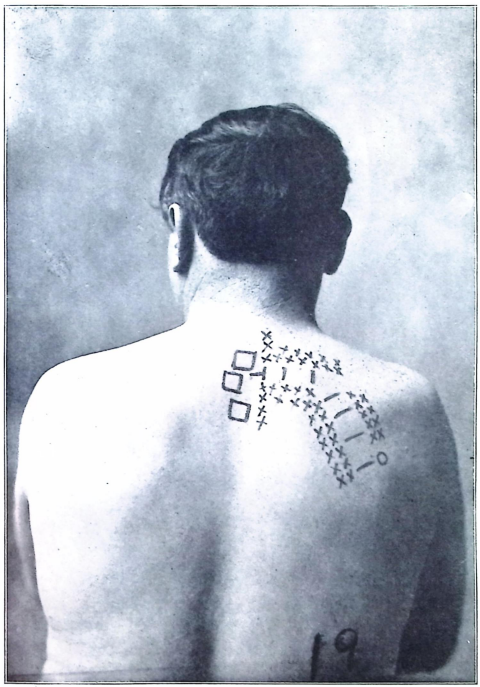


Illustration No. 18.—Fourth line on inferior nerve from main trunk.

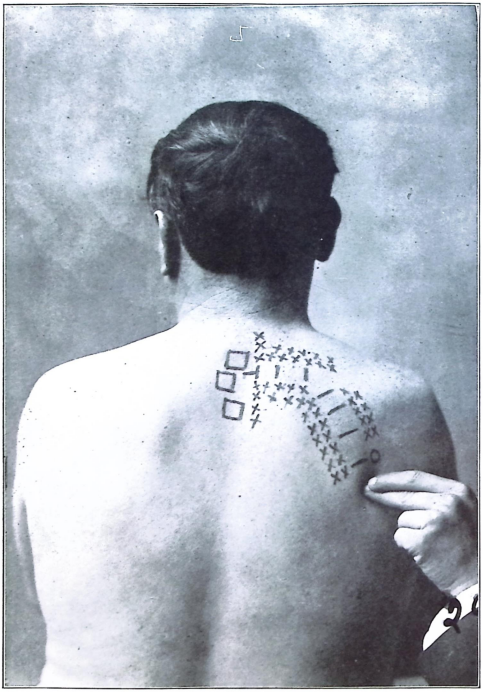


Illustration No. 19.—Fifth tender point of inferior branch. Crosses show when no tenderness was found.

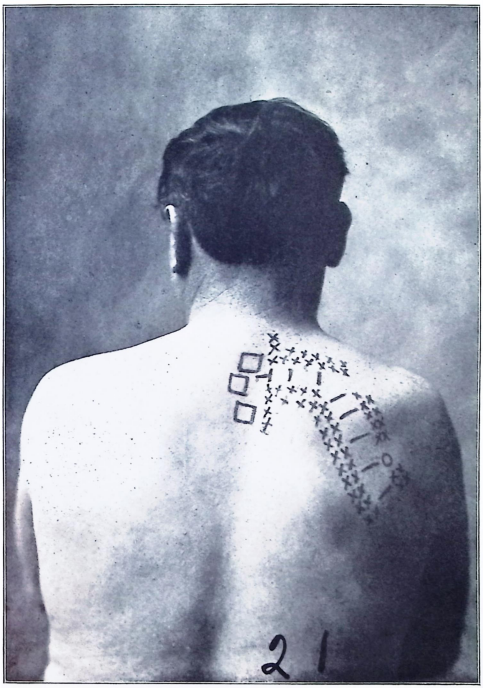


Illustration No. 20.—Fifth line of inferior branch. Crosses show where no tenderness was found.



Illustration No. 21.—Finger in position on sixth point of inferior branch.



Illustration No. 22.—Sixth line showing six cross lines as nothing further could be found which was tender. So cross marks are all around periphery of that fibre.



Illustration No. 23.—Going back to cipher (0) we start in there hunting for tenderness and find it as indicated by position of finger.

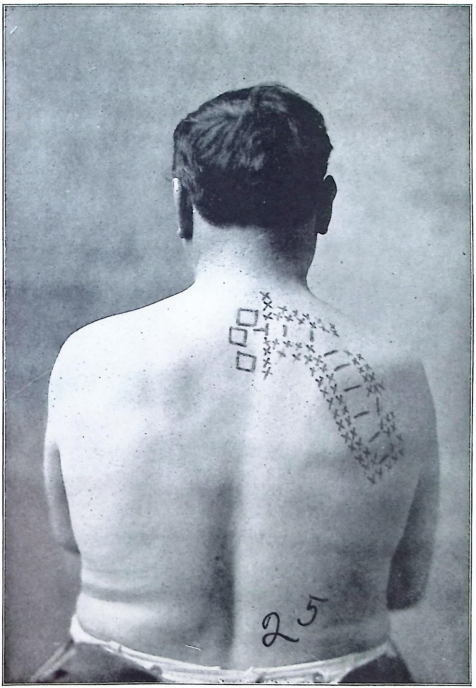


Illustration No. 24.—First cross-line shows where fibre was found tender on right branch of inferior nerve.



Illustration No. 25.—Second tender point of the right branch of the inferior nerve as is indicated by position of finger.

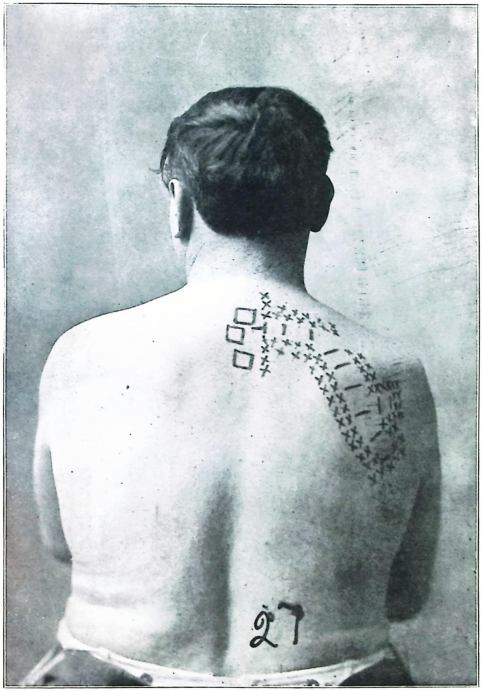


Illustration No. 26.—Cross-line indicating second point of tenderness on right branch of inferior nerve, as no further tenderness could be found that is known as the peripheral of that branch.

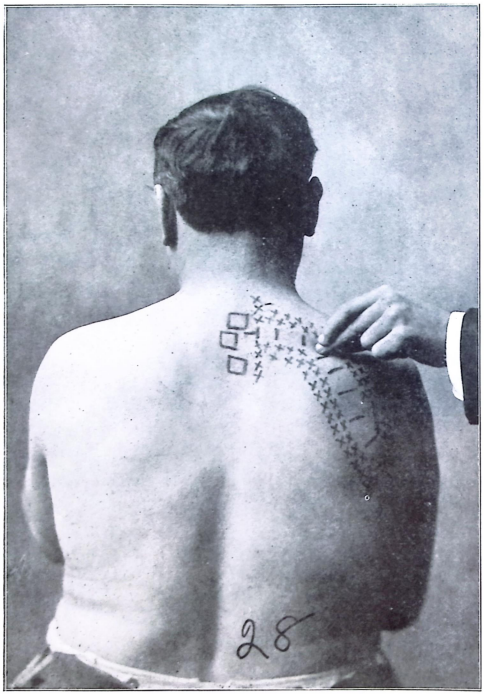


Illustration No. 27.—Having carried that branch as far as there was and perceptible tenderness, we now go back to the main trunk as is indicated by position of finger. Fourth point of tenderness on main trunk.

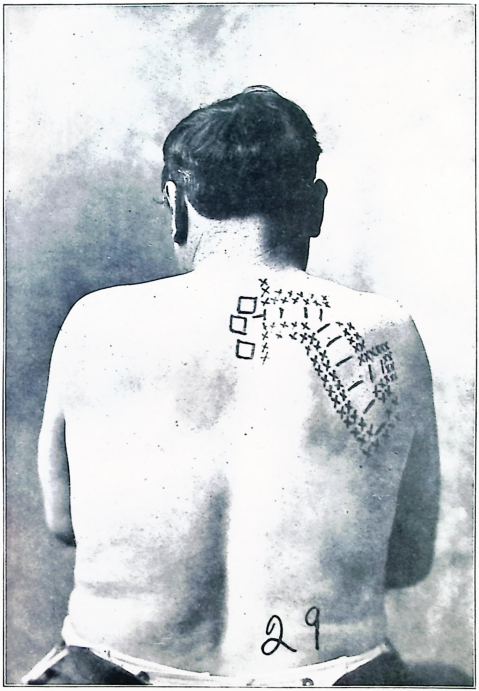


Illustration No. 28.—Fourth line indicating tender nerve just found.



Illustration No. 29.—Fifth point of tenderness on main trunk as indicated by position of finger.



Illustration No. 30.—Fifth line showing point of tenderness found a minute ago on main trunk.

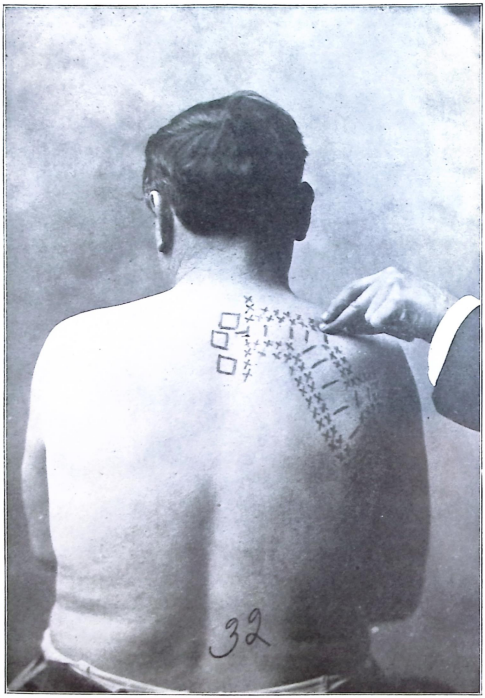


Illustration No. 31.—Tenderness also found at a point superior to the fifth line of main trunk as indicated by position of finger.



Illustration No. 32.—This is marked by a cipher (0).



Illustration No. 33.—Sixth point of tenderness on main trunk as is indicated by position of finger.

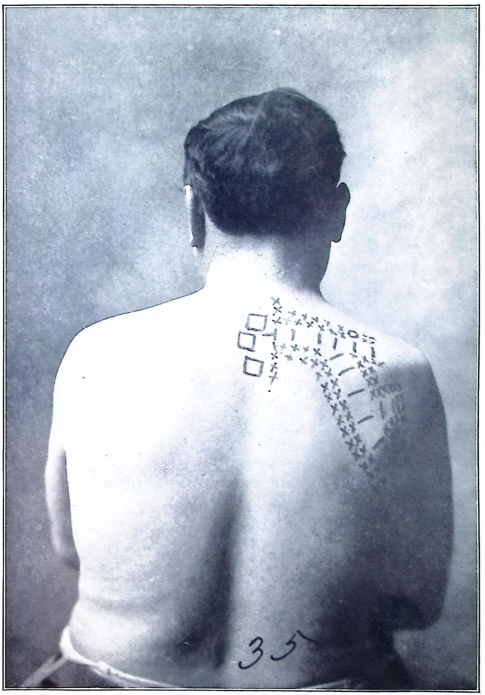


Illustration No. 34.—Sixth cross-line on main trunk as is indicated by position of finger.

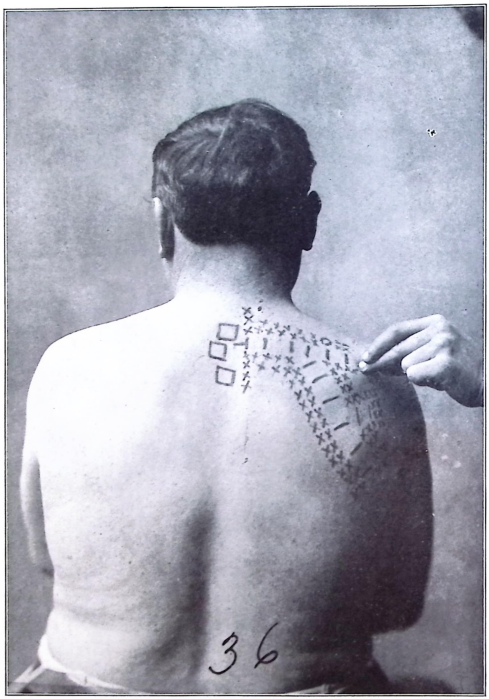


Illustration No. 35.—Seventh point of tenderness on main trunk as is indicated by position of finger.



Illustration No. 36.—Seventh cross-line of main trunk showing tenderness found one moment ago.



Illustration No. 37.—The eighth point of tenderness on the main trunk, as indicated by position of finger.

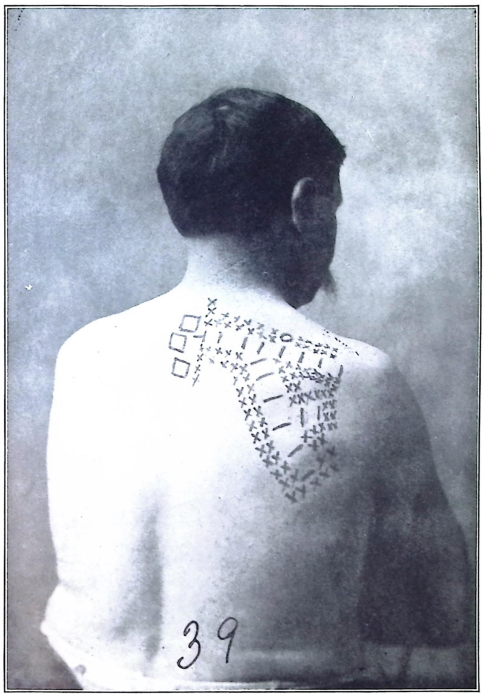


Illustration No. 38.—The eighth cross-line on main trunk.



Illustration No. 39.—Tenderness is found at point superior to the eighth line of main trunk nerve as is indicated by position of finger.



Illustration No. 40.—Cipher (0) has been made superior to eighth line so that we can return to it and follow out that branch later on.

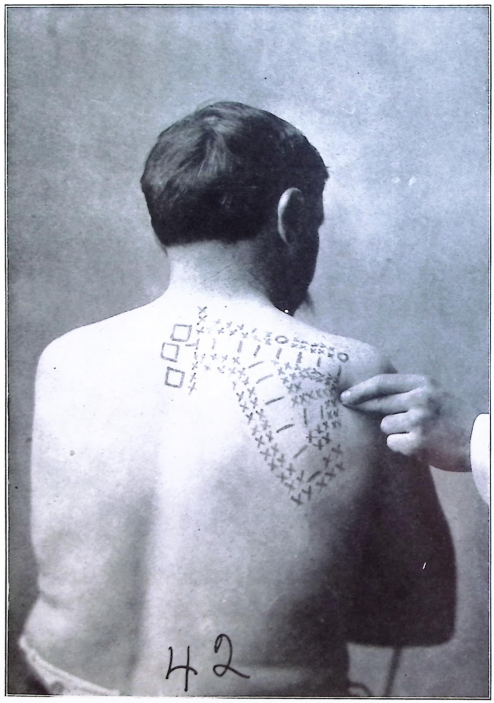


Illustration No. 41.—Another point of tenderness is found inferior to the eighth line of main trunk nerve.

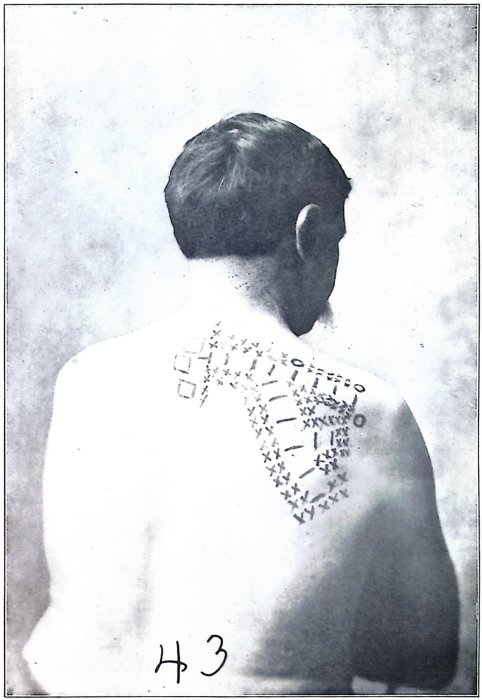


Illustration No. 42.—Cipher (0), indicating inferior tender point from main trunk nerve. We will now proceed to the main trunk nerve as indicated by finger.

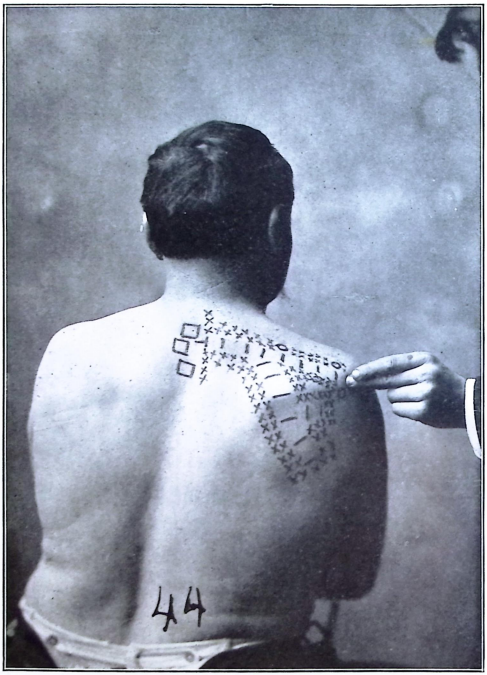


Illustration No. 43.—Ninth point of tenderness of main trunk nerve as indicated by position of finger.

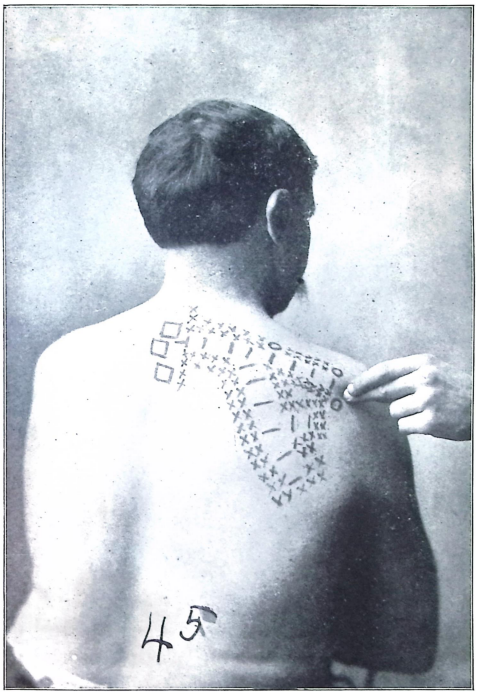


Illustration No. 44.—Ninth point of tenderness of main trunk as indicated by position of finger. Lateral view.

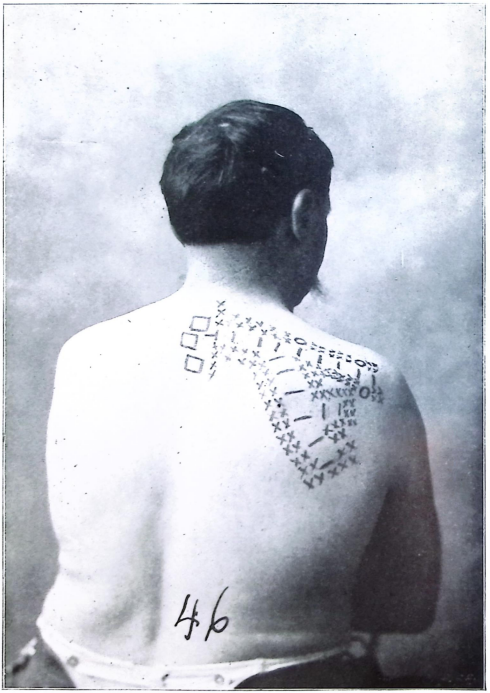


Illustration No. 45.—Ninth line on main trunk nerve.

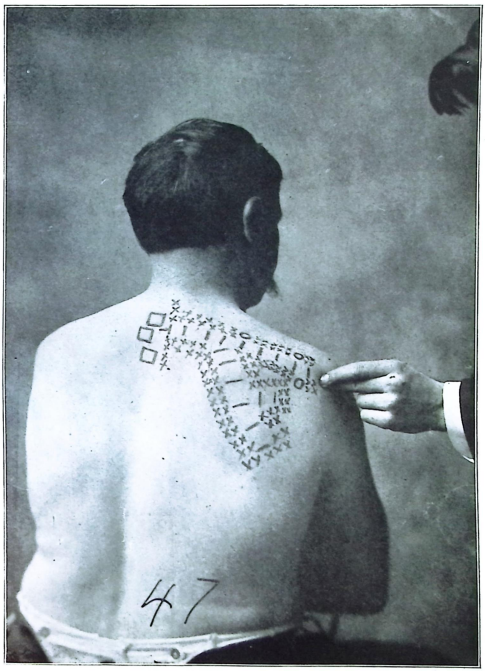


Illustration No. 46.—Tenth point of tenderness on main trunk nerve as indicated by position of finger.

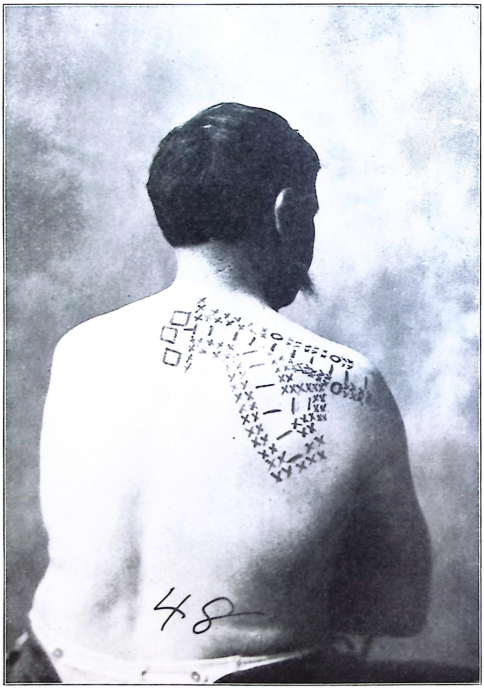


Illustration No. 47.—Tenth line on main trunk.

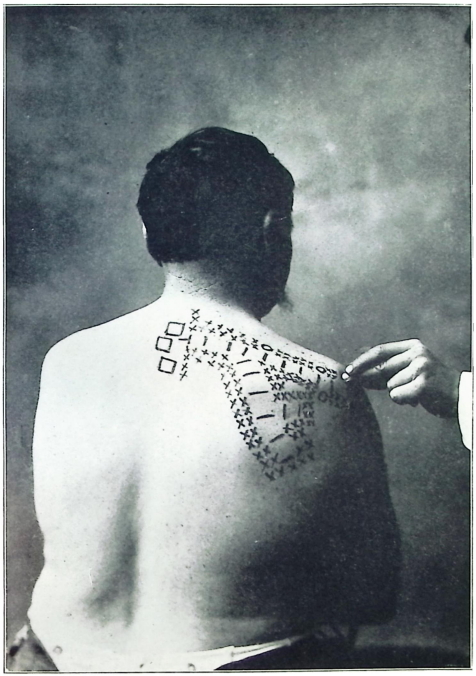


Illustration No. 48.—Another point of tenderness is found superior to tenth line of main trunk line as indicated by position of finger.

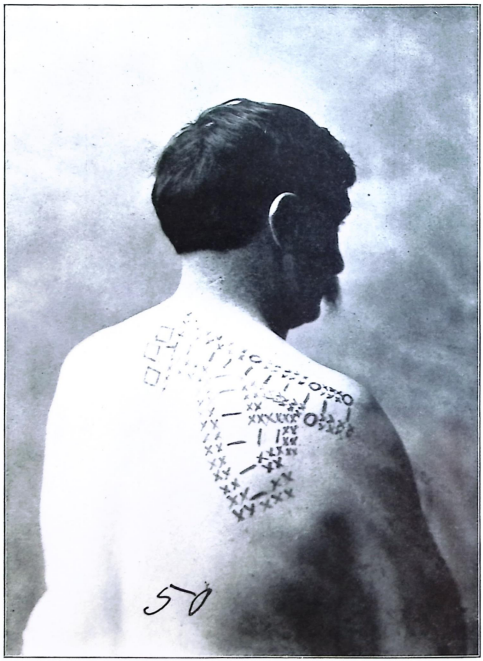


Illustration No. 49.—Shows cipher (0) superior to tenth line of main line.



Illustration No. 50.—Eleventh point of tenderness on path of main trunk as indicated by position of finger.



Illustration No. 51.—Eleventh line of main trunk nerve.



Illustration No. 52.—Tenderness inferior to eleventh line of main trunk as indicated by position of finger.

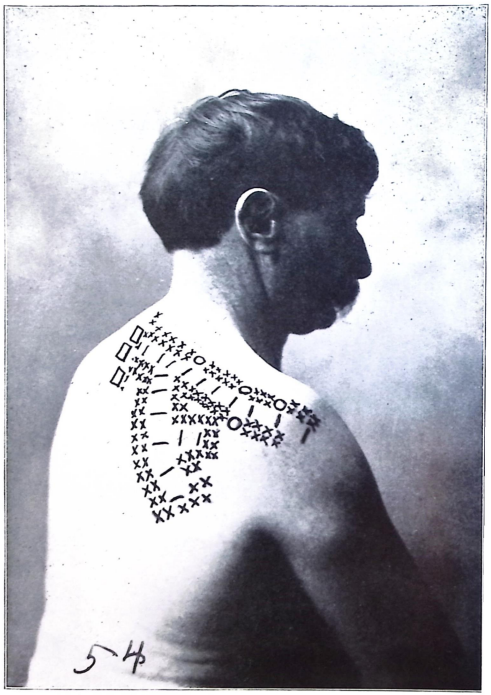


Illustration No. 53.—Showing place of cipher inferior to eleventh line of main trunk.

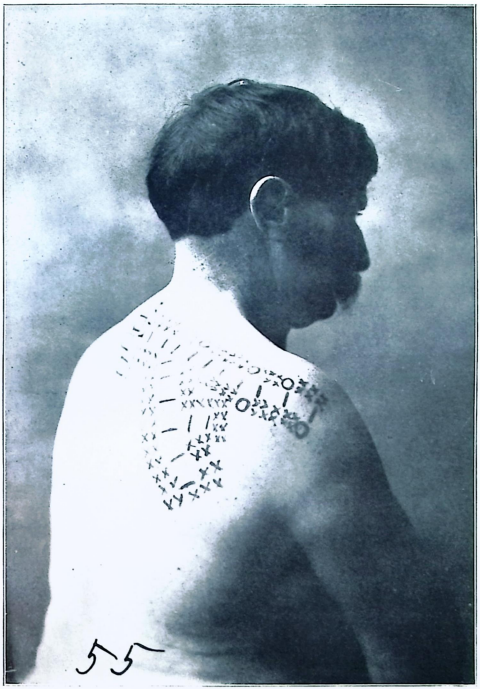


Illustration No. 54.—Cipher under eleventh line of main trunk.



Illustration No. 55.—Twelfth point of tenderness on main trunk as indicated by position of finger.



Illustration No. 56.—Twelfth line on main trunk nerve.

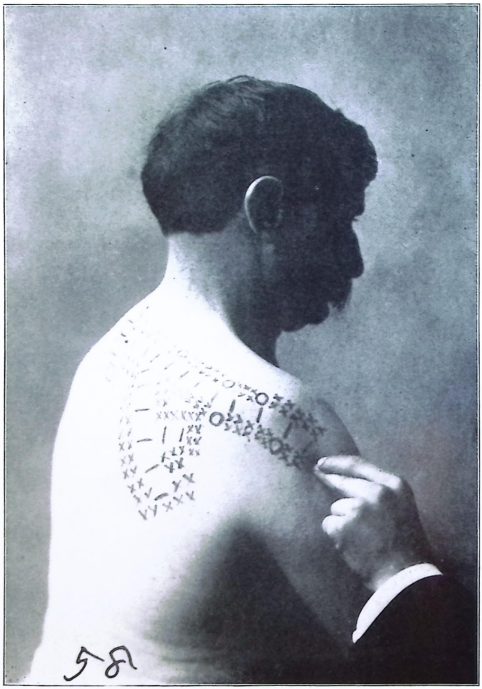


Illustration No. 57.—Thirteenth point of tenderness as indicated by position of finger.



Illustration No. 58.—Thirteenth line on main trunk nerve.

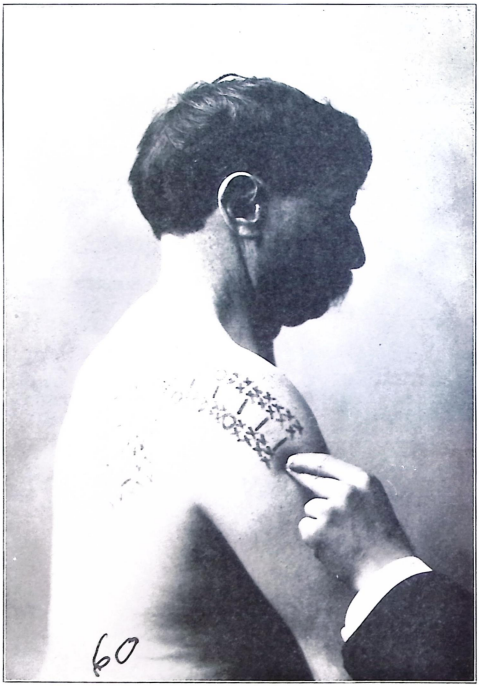


Illustration No. 59.—Fourteenth point of tenderness on main trunk as indicated by position of finger.



Illustration No. 60.—Fourteenth line of main trunk nerve.



Illustration No. 61.—Anterior point of tenderness to fourteenth line as indicated by position of finger.



Illustration No. 62.—Cipher to anterior of fourteenth line as indicated by position of finger.



Illustration No. 63.—Posterior of tenderness to fourteenth line as indicated by position of finger.



Illustration No. 64.—Cipher to posterior point of fourteenth line of main trunk.

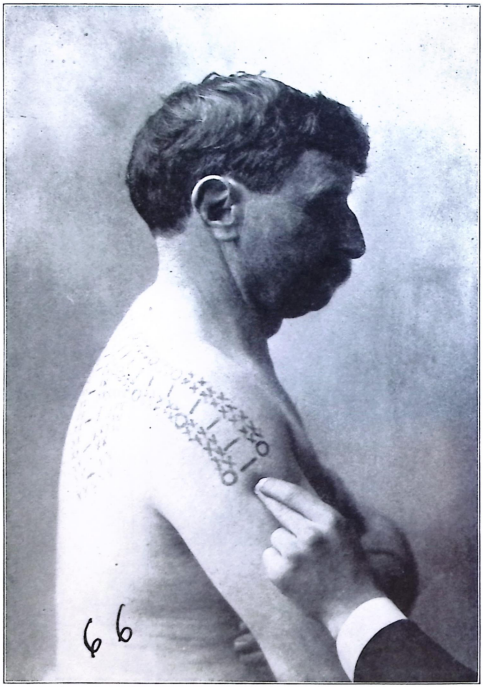


Illustration No. 65.—Fourteenth point of main trunk.



Illustration No. 66.—Fourteenth line on main trunk.



Illustration No. 67.—Sixteenth point of tenderness as indicated by position of finger.



Illustration No. 68.—Sixteenth line on main trunk nerve.



Illustration No. 69.—Seventeenth point of tenderness as indicated by position of finger.

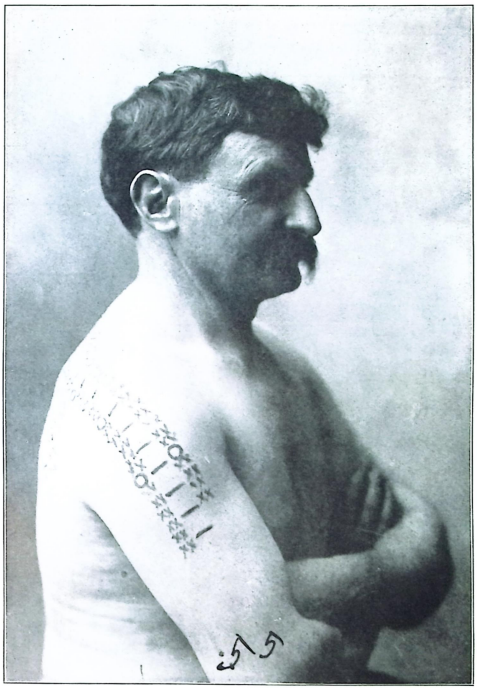


Illustration No. 70.—Seventeenth line on main trunk line.

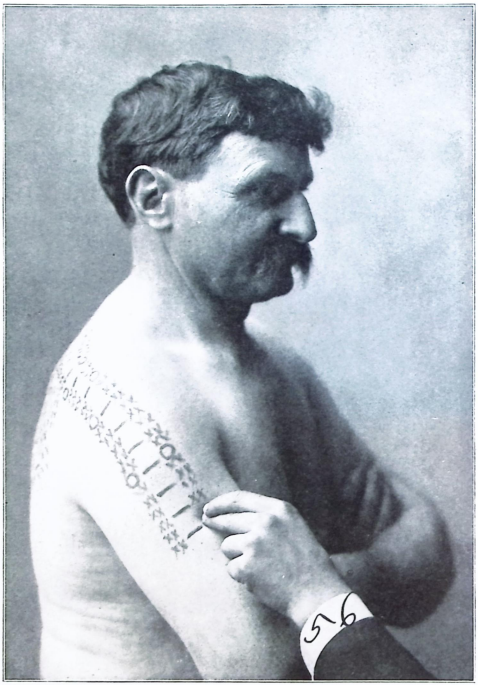


Illustration No. 71.—Tenderness anterior to seventeenth line as indicated by position of finger.

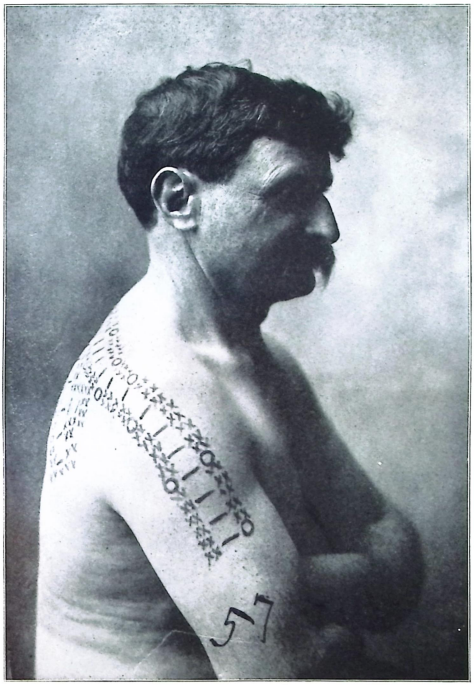


Illustration No. 72.—Cipher anterior to seventeenth line.

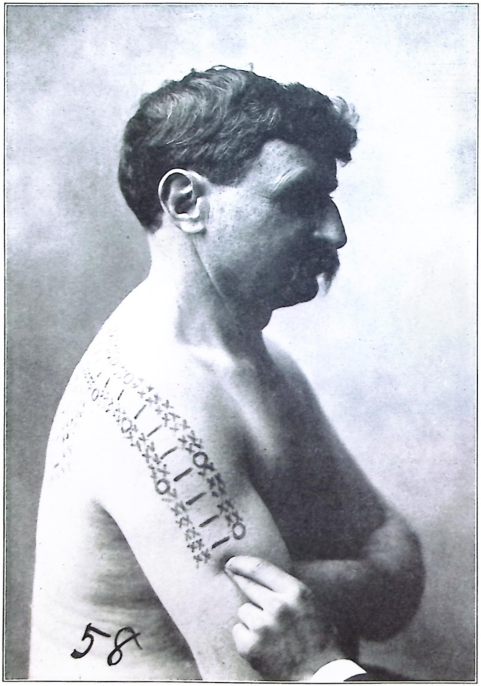


Illustration No. 73.—Eighteenth point of tenderness as indicated by position of finger.

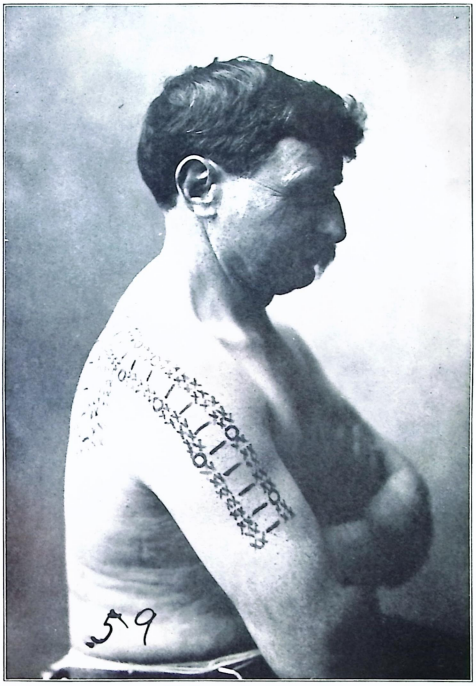


Illustration No. 74.—Eighteenth line on main trunk.

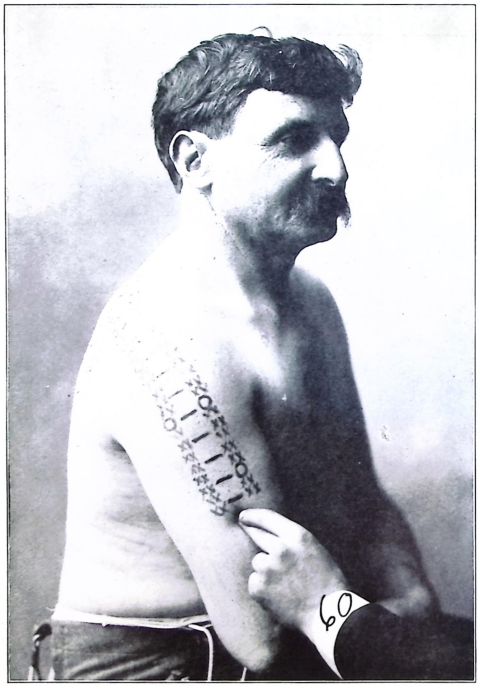


Illustration No. 75.—Nineteenth point of tenderness as indicated by position of finger.

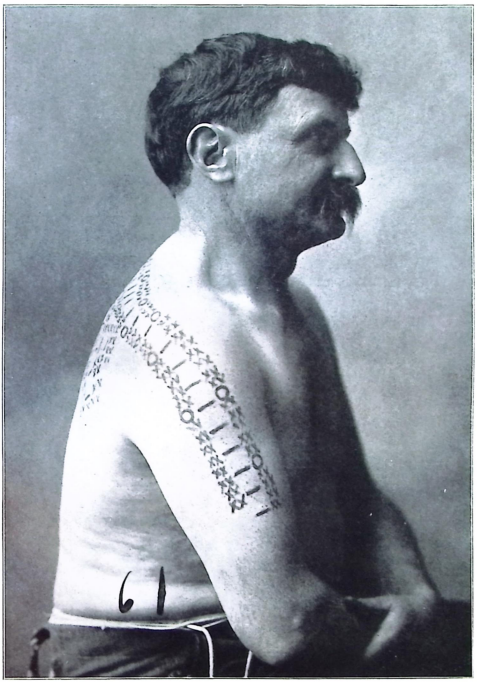


Illustration No. 76.—Nineteenth line on main trunk.

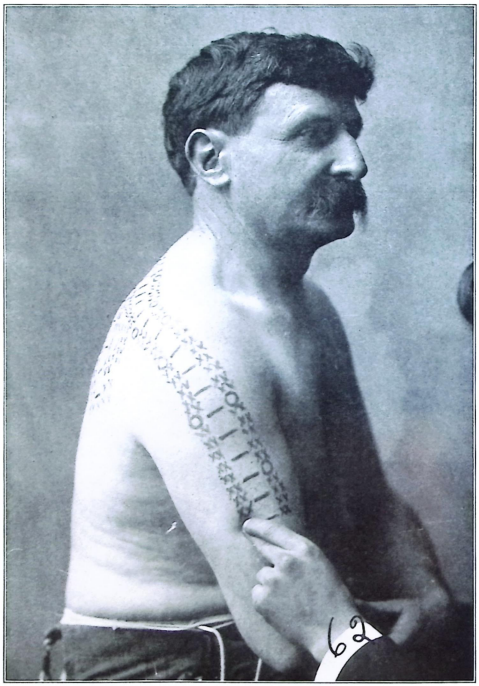


Illustration No. 77.—Point of tenderness posterior to nineteenth line.

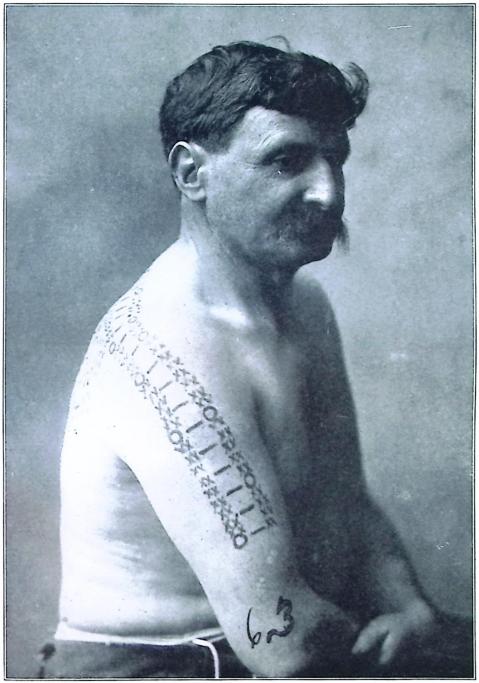


Illustration No. 78.—Cipher posterior to nineteenth line.

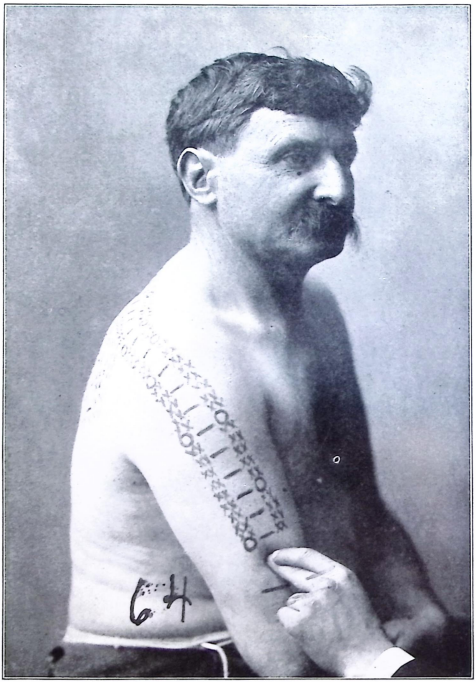


Illustration No. 79.—Twentieth point on main trunk as indicated by position of finger.

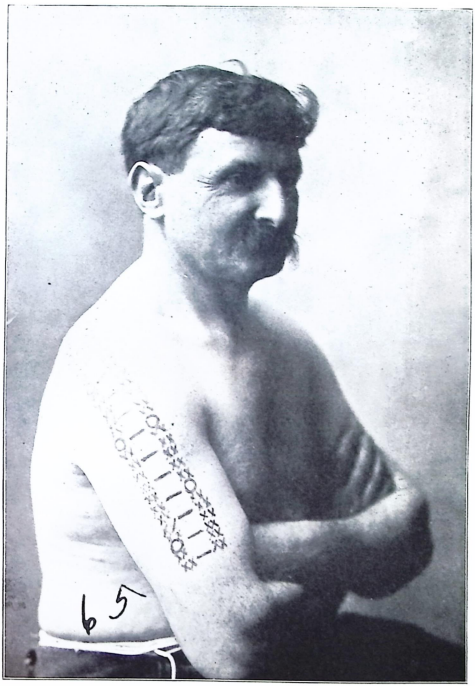


Illustration No. 80.—Twentieth line on main trunk.



Illustration No. 81.—Twenty-first point on main trunk as indicated by position of finger.

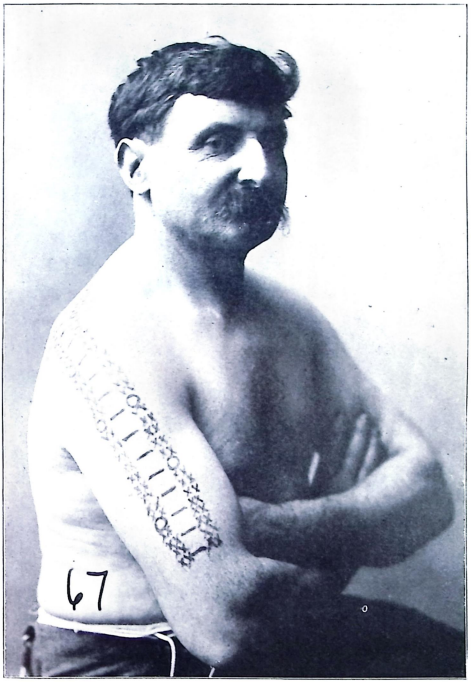


Illustration No. 82.—Twenty-first line on main trunk.

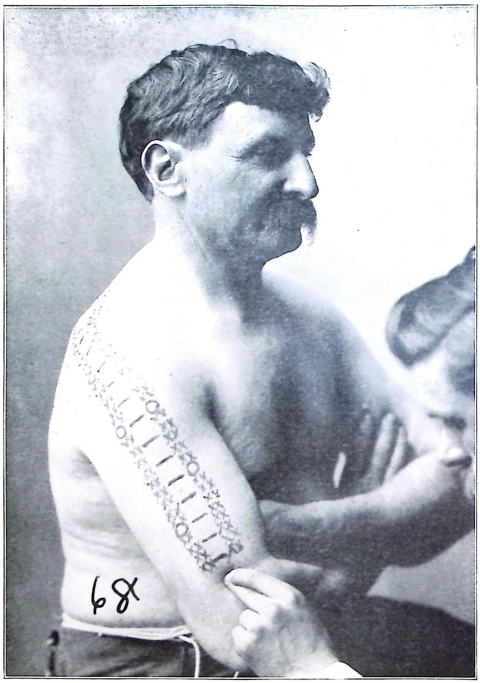


Illustration No. 83.—Twenty-second point on main trunk as indicated by position of finger.



Illustration No. 84.—Twenty-second line on main trunk.

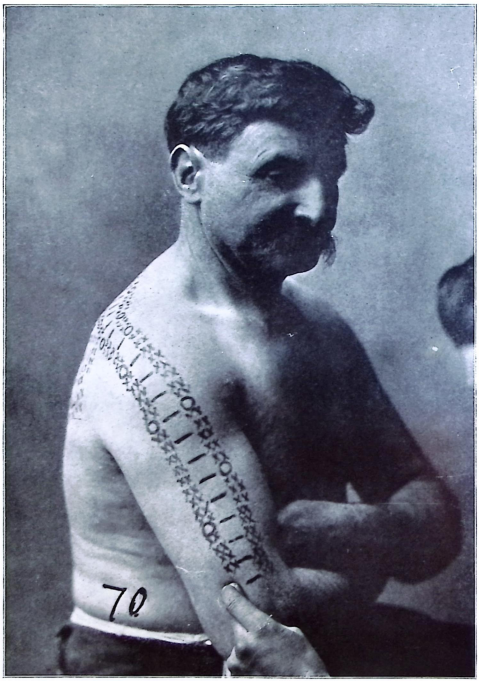


Illustration No. 85—Point of tenderness posterior to twenty-second line.



Illustration No. 86.—Twenty-third point of tenderness as indicated by finger.



Illustration No. 87.—Twenty-third line.

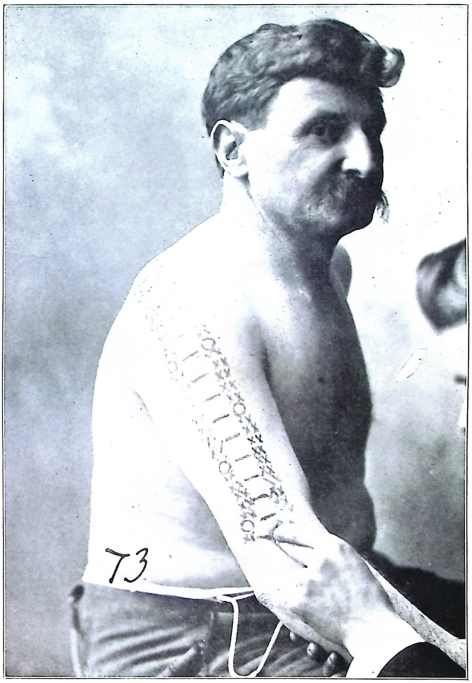


Illustration No. 88.—Point of tenderness anterior to twenty-third line as indicated by finger.



Illustration No. 89.—Cipher (0), anterior to twenty-third line.



Illustration No. 90.—Twenty-fourth point of tenderness as indicated by position of finger.



Illustration No. 91.—Twenty-fifth point of tenderness as indicated by position of finger.

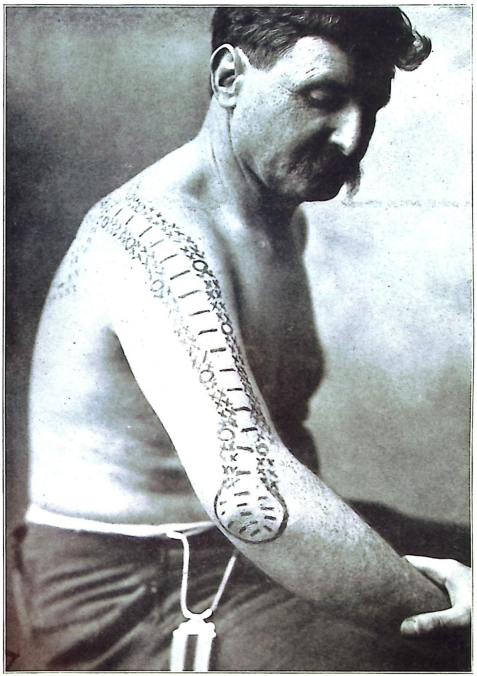


Illustration No. 92.—Area involved at elbow outlined by heavy dark lines, cross-line therein show the entire surface to be tender.



Illustration No. 93.—Going backward we pick up the tenderness in front of the twenty-third line.



Illustrstion No. 94.—Second point of tenderness anterior to twenty-third line.



Illustration No. 95.—Second line anterior to twenty-third line.



Illustration No. 96.—Third point of tenderness anterior to twenty-third line.



Illustration No. 97.—Third line of tenderness anterior to twenty-third line.



Illustration No. 98.—Fourth point of tenderness anterior to twenty-third line as indicated by finger.



Illustration No. 99.—Fourth line of tenderness anterior to twenty-third line.

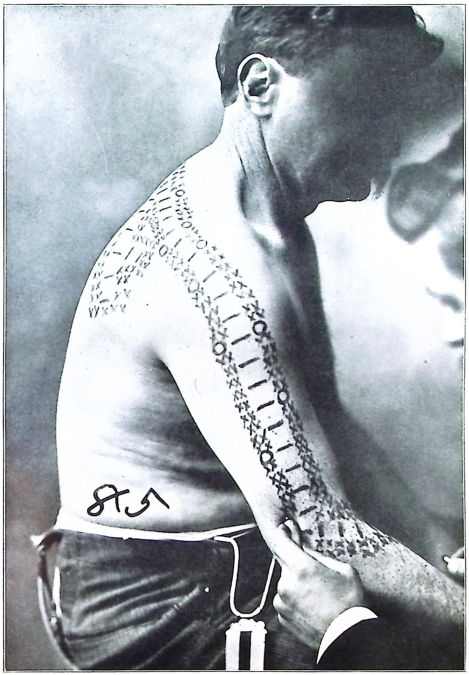


Illustration No. 100.—We go back to cipher-posterior to twenty-second line, finger indicates point of tenderness.



Illustration No. 101.—First line posterior to twenty-second line.



Illustration No. 102.—Second point of tenderness posterior to twenty-second line.

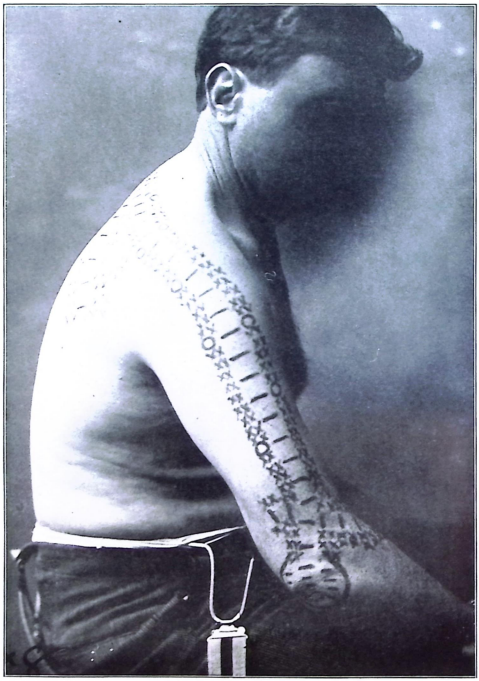


Illustration No. 103.—Second line posterior to twenty-second line.

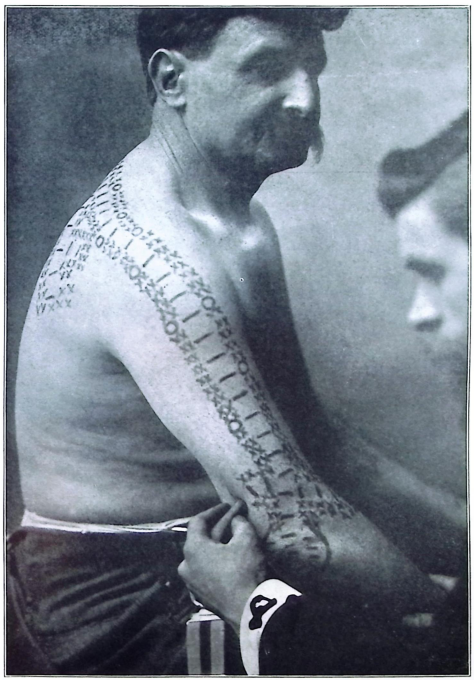


Illustration No. 104.—Third point of tenderness posterior to twenty-second line.

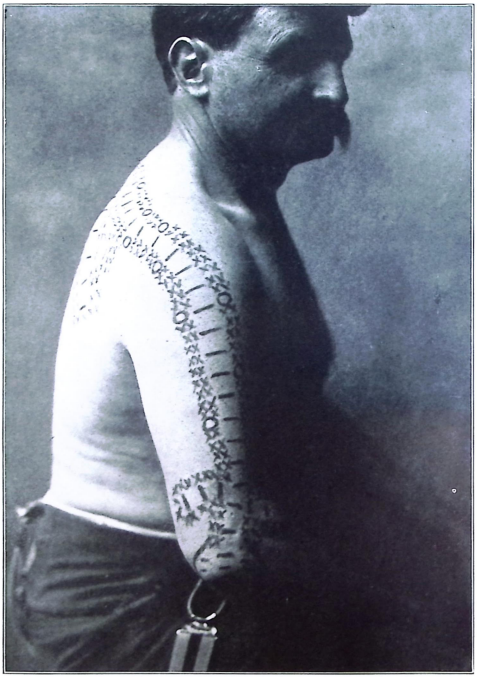


Illustration No. 105.—Third line posterior to twenty-second line at the end of the fibre.

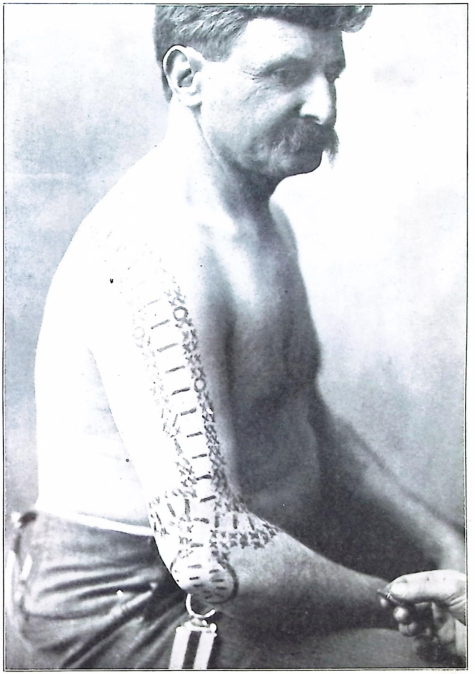


Illustration No. 106.—Same as 105 shown in different position.



Illustration No. 107.—We now go back to cipher posterior to nineteenth line. First point of tenderness posterior to nineteenth line as indicated by finger.



Illustration No. 108.—Second point of tenderness to nineteenth line.



Illustration No. 109.—Second line of tenderness posterior to nineteenth line.



Illustration No. 110.—Third point of tenderness as indicated by position of finger.

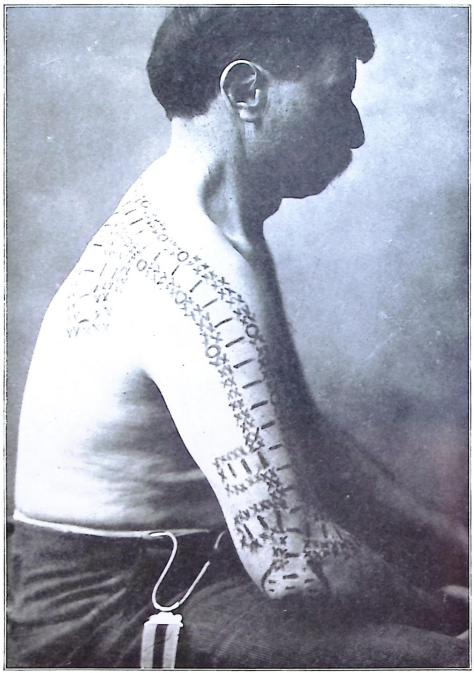


Illustration No. 111.—Third line posterior to nineteenth line, ending that fibre. Proceeding backward we pick up cipher that was anterior to seventeenth line of main trunk.

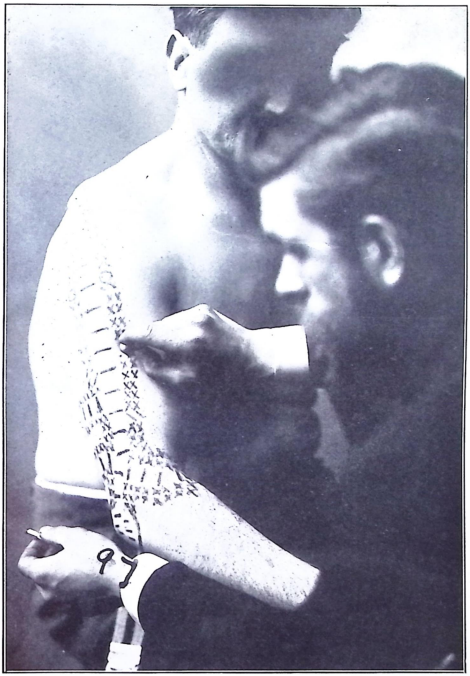


Illustration No. 112.—First point of tenderness anterior to seventeenth line.



Illustration No. 113.—First line anterior to seventeenth line.



Illustration No. 114.—Second point of tenderness anterior to seventeenth line, as indicated by position of finger.



Illustration No. 115.—Second line anterior to seventeenth line.

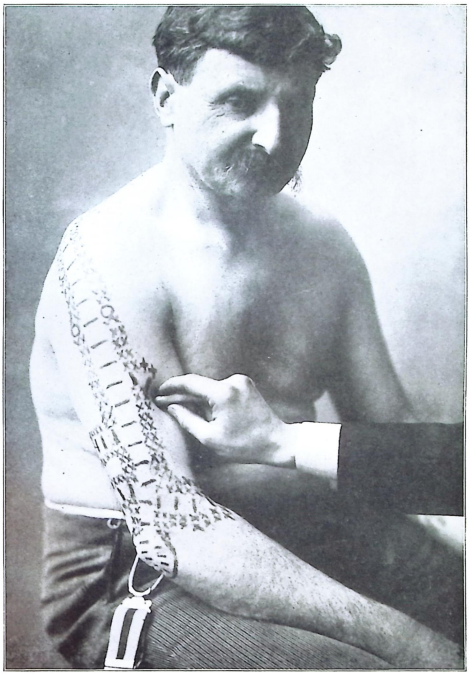


Illustration No. 116.—Third point of tenderness anterior to seventeenth line, as indicated by position of finger.



Illustration No. 117.—Third line anterior to seventeenth line.

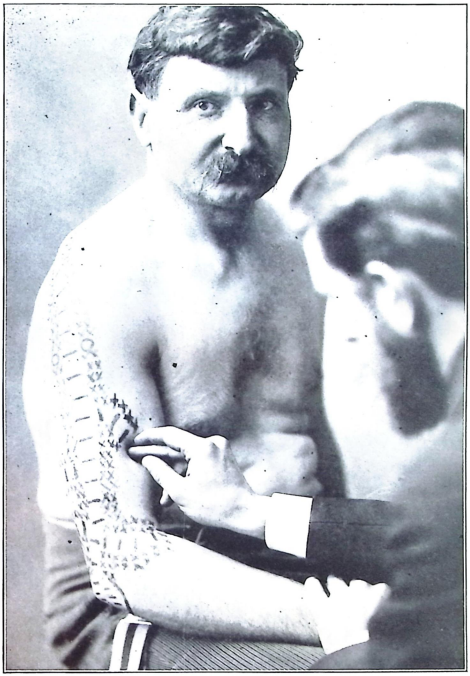


Illustration No. 118.—Fourth point of tenderness anterior to seventeenth line as indicated by position of finger.

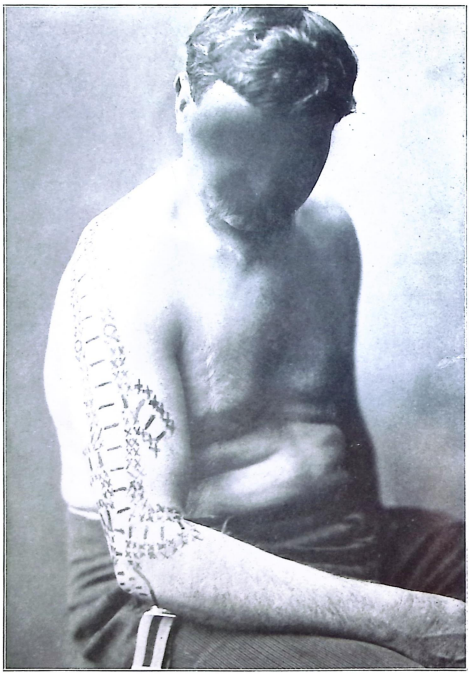


Illustration No. 119.—Fourth line anterior to seventeenth line.



Illustration No. 120.—Fifth point of tenderness anterior to seventeenth line as indicated by position of finger.

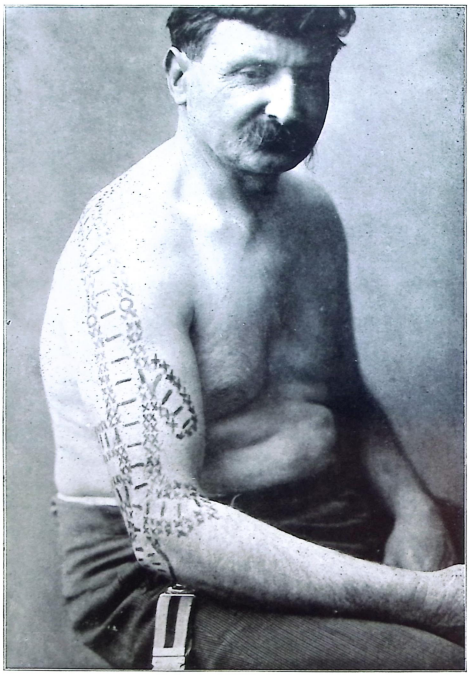


Illustration No. 121.—Fifth line which ends the terminal of that fibre.



Illustration No. 122.—Proceeding backward we pick up cipher posterior to fourteenth line. First point of tenderness as indicated by position of finger.



Illustration No. 123.—First line posterior to fourteenth line as indicated by position of finger.

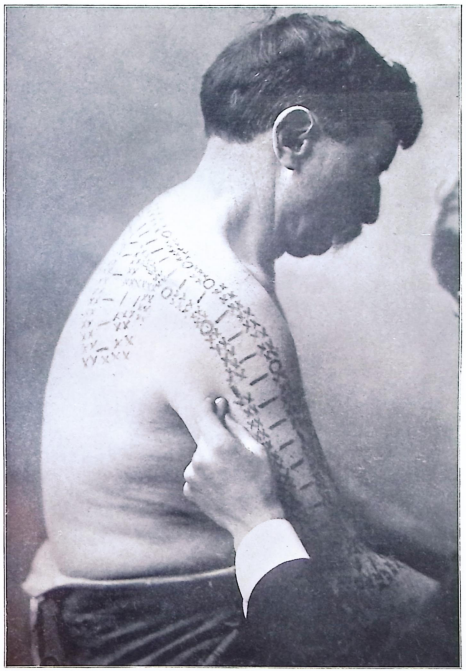


Illustration No. 124.—Second point of tenderness posterior to fourteenth line as indicated by position of finger.



Illustration No. 125.—Second line of tenderness posterior to fourteenth line.



Illustration No. 126.—Third point of tenderness posterior to fourteenth line as indicated by position of finger.

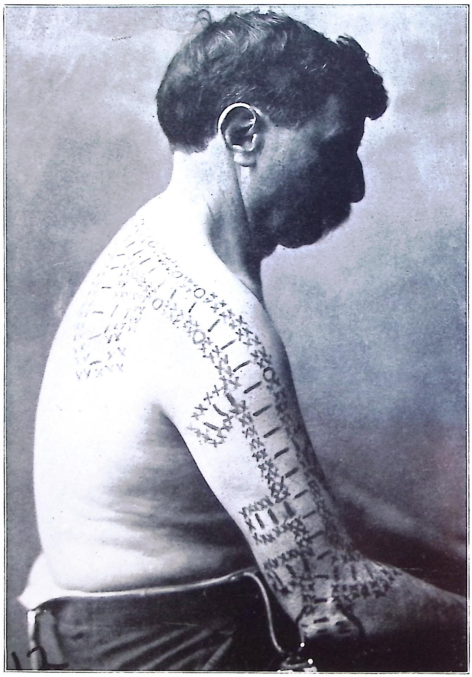


Illustration No. 127.—Third line of tenderness posterior to fourteenth line of main trunk, which reaches peripheral of the fibre.



Illustration No. 128.—We now pick up the anterior fibre of the fourteenth line. First point of tenderness anterior to fourteenth line as indicated by position of finger.

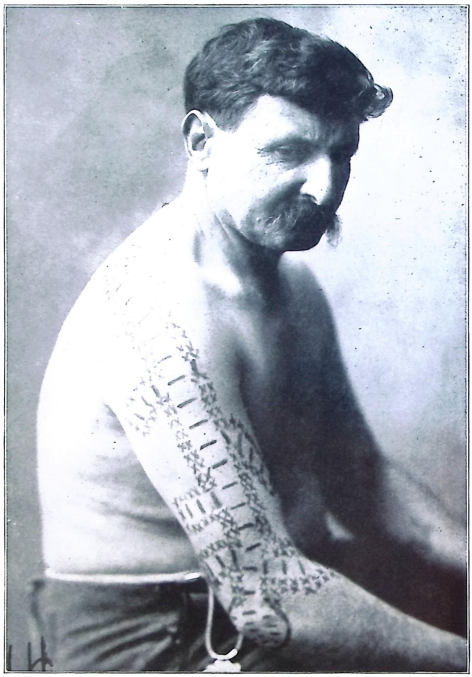


Illustration No. 129.—First line anterior to fourteenth line.



Illustration No. 130.—Second point of tenderness anterior to fourteenth line as indicated by position of finger.



Illustration No. 131.—Second line anterior to fourteenth line.

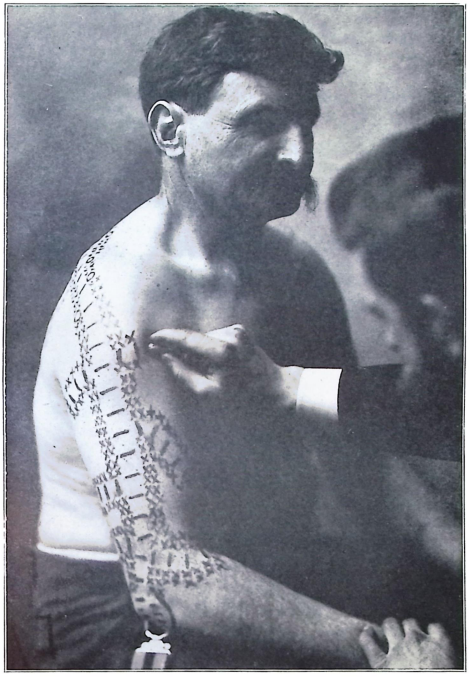


Illustration No. 132.—Third point anterior to fourteenth line as indicated by position of finger.

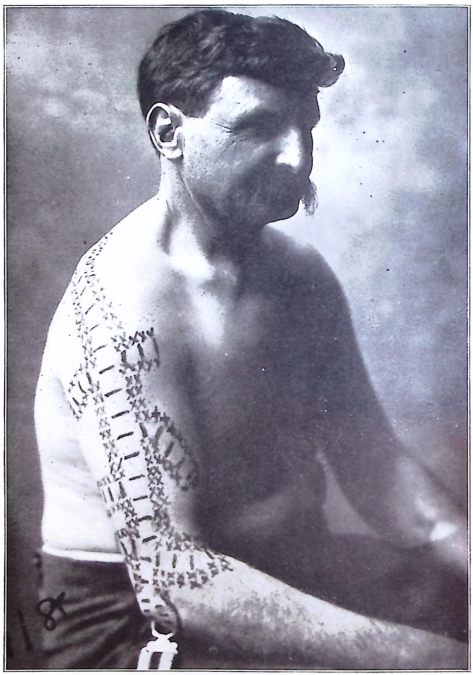


Illustration No. 133.—Third line anterior to fourteenth line as indicated by position of finger.

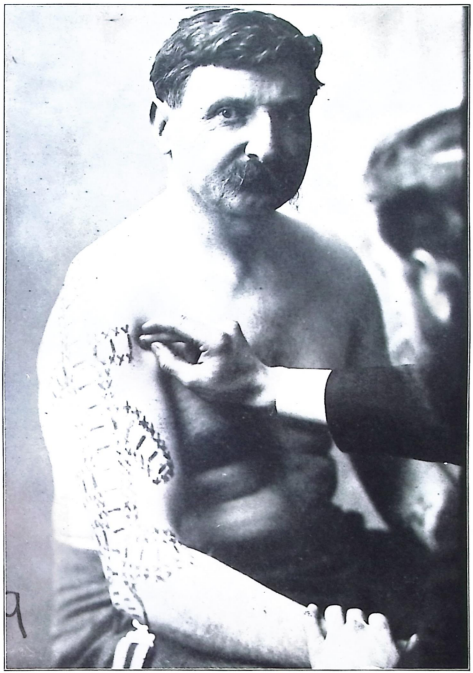


Illustration No. 134.—Fourth point of tenderness anterior to fourteenth line as indicated by position of finger.



Illustration No. 135.—Fourth line anterior to fourteenth line, which ends periphery of fibre.



Illustration No. 136.—First point of tenderness posterior to eleventh line as indicated by position of finger.

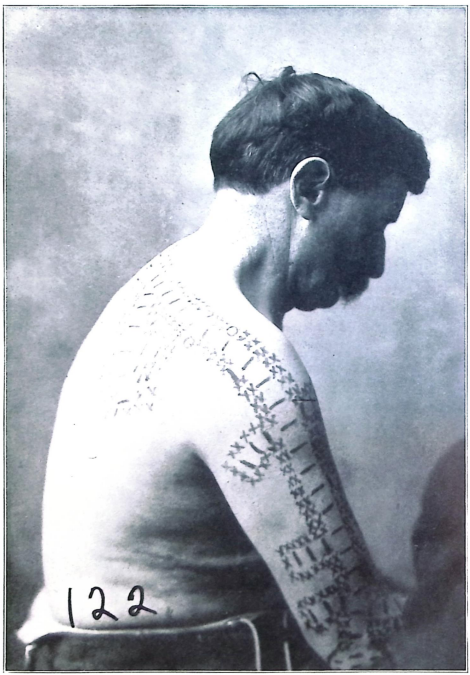


Illustration No. 137.—First line posterior to eleventh line.



Illustration No. 138.—Second point posterior to eleventh line as indicated by position of finger.



Illustration No. 139.—Second line posterior to eleventh line.



Illustration No. 140.—Third point of tenderness posterior to eleventh line as indicated by position of finger.



Illustration No. 141.—Third line posterior to eleventh line.



Illustration No. 142.—Fourth point of tenderness posterior to eleventh line indicated by position of finger.



Illustration No. 143.—Fourth line posterior to eleventh.

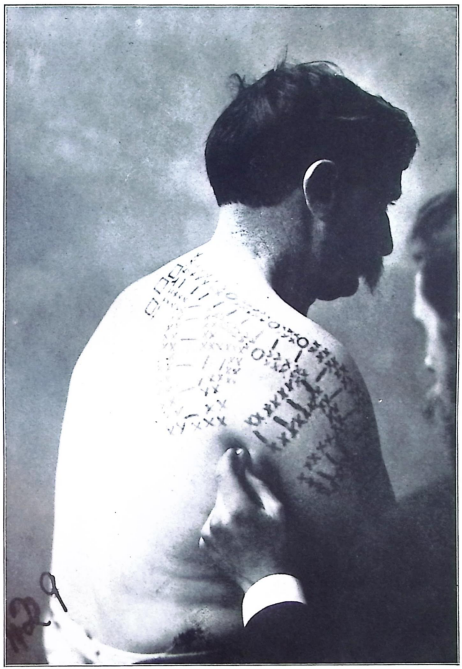


Illustration No. 144.—Fifth point of tenderness posterior to eleventh line indicated by position of finger.

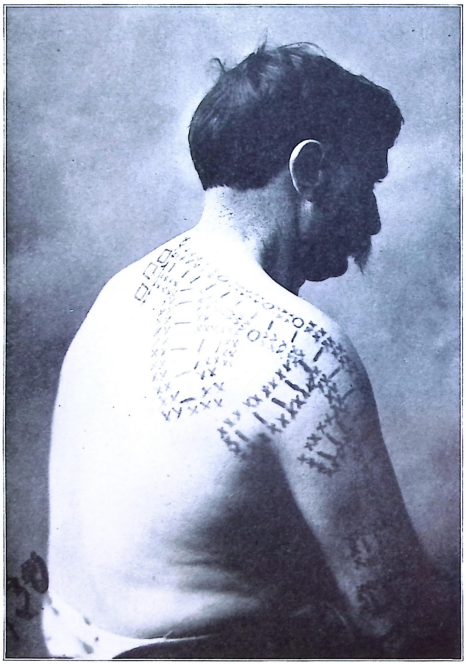


Illustration No. 145.—Fifth line which ends this periphery.

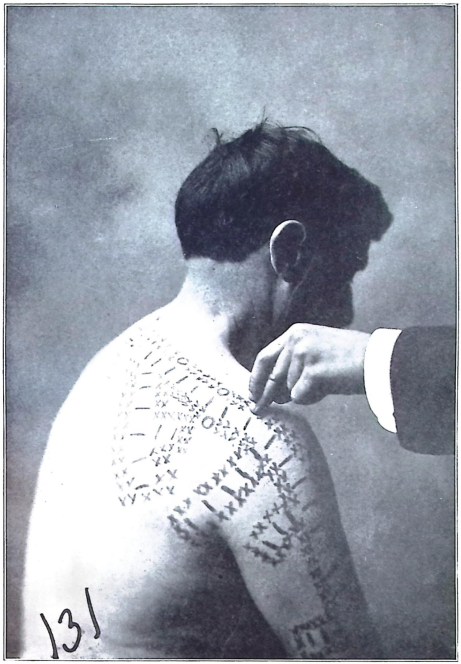


Illustration No. 146.—Proceeding backward, we pick up cipher superior to tenth line on main trunk nerve. First point of tenderness superior to tenth line as indicated by position of finger.

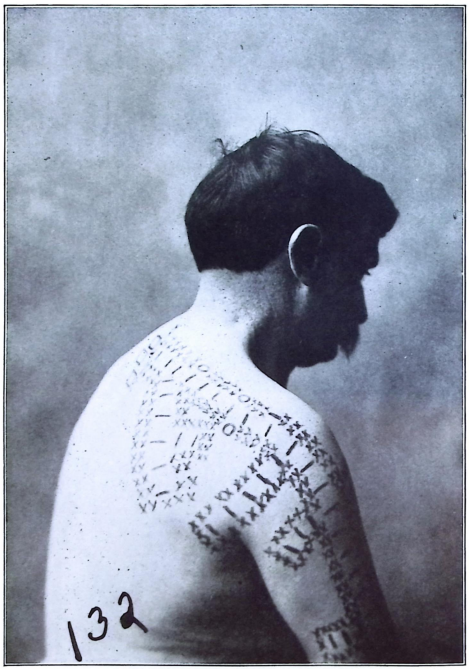


Illustration No. 147.—First line superior to tenth line.



Illustration No. 148.—Second point of tenderness superior to tenth line as indicated by position of finger.

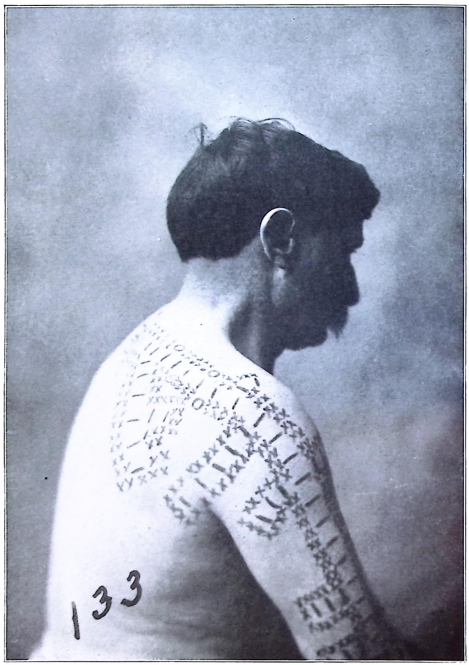


Illustration No. 149.—Second line superior to tenth line.



Illustration No. 150.—Third point of tenderness superior to tenth line, as indicated by position of finger.

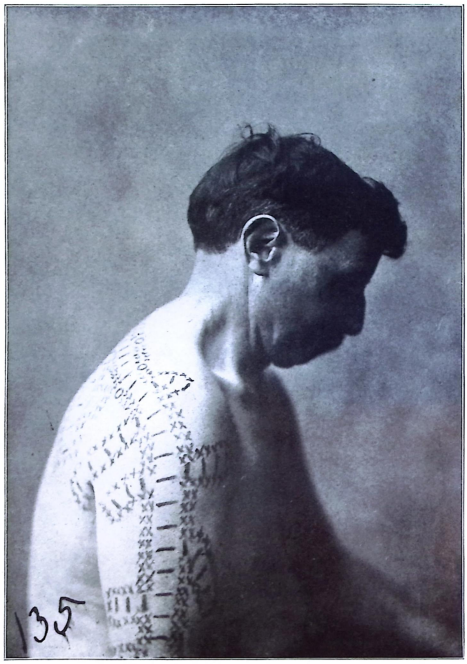


Illustration No. 151.—Third line superior to tenth line.



Illustration No. 152.—Fourth point of tenderness superior to tenth line as indicated by position of finger, which ends this fibre.



Illustration No. 153.—Fourth line anterior to tenth line of main trunk nerve.

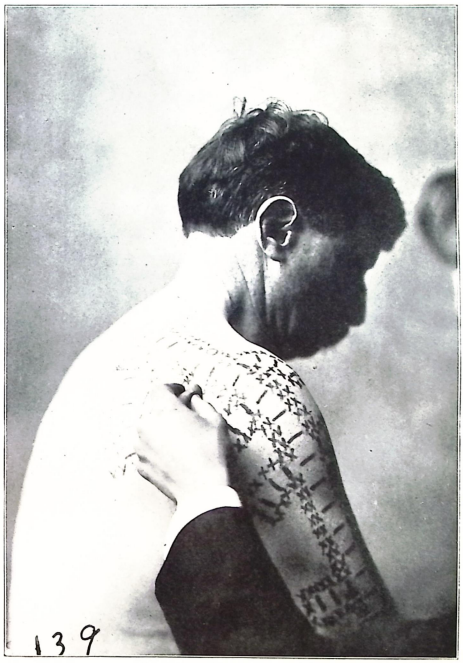


Illustration No. 154.—Proceeding backward we pick up cipher inferior to eighth line. First point of tenderness as indicated by position of finger.



Illustration No. 155.—First line inferior to eighth line.

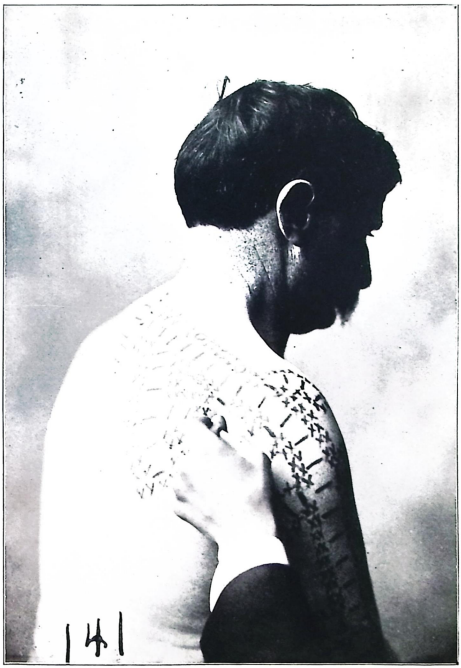


Illustration No. 156.—Second point of tenderness to eighth line as indicated by position of finger.



Illustration No. 157.—Second line inferior to eighth line.

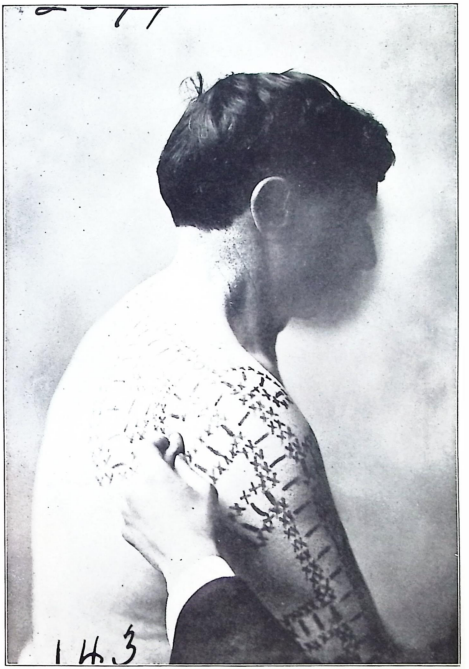


Illustration No. 158.—Third point of tenderness inferior to eighth line.

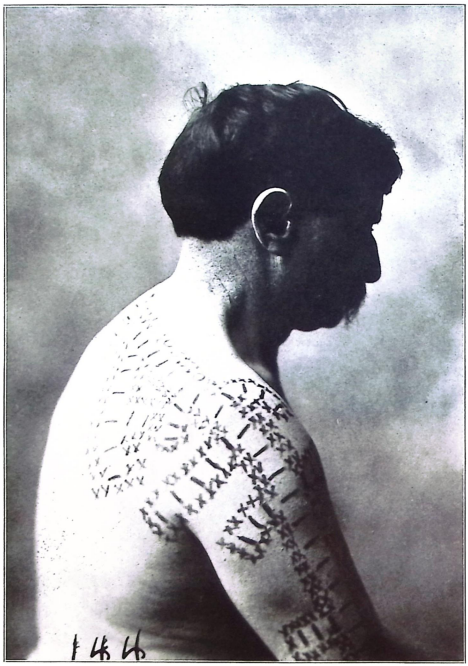


Illustration No. 159.—Third line inferior to eighth line, which ends fibre.

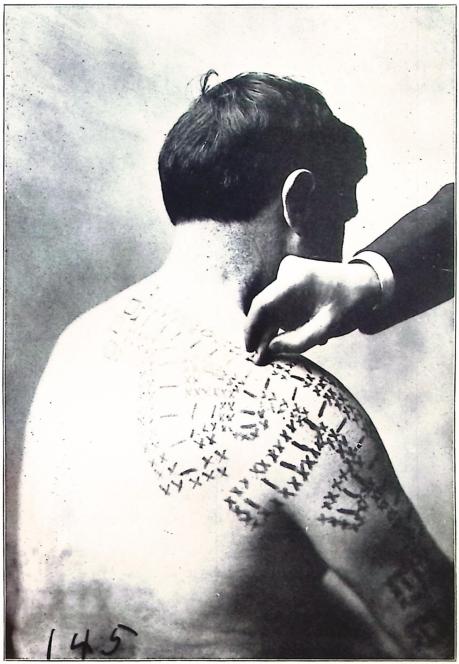


Illustration No. 160.—Proceeding to cipher superior to eighth line. First point of tenderness to eighth line as indicated by position of finger.

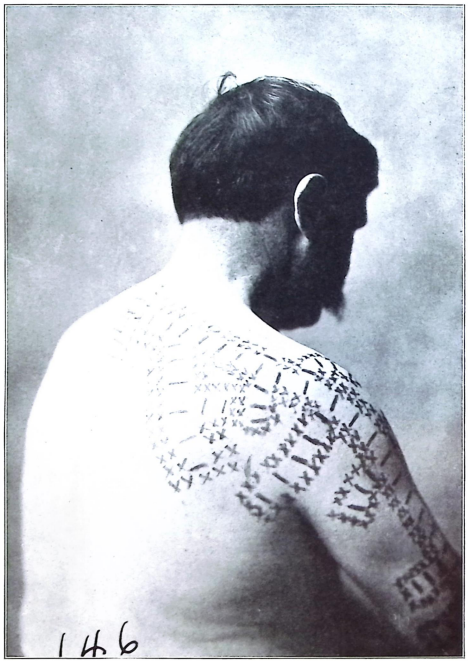


Illustration No. 161.—First line superior to eighth line.

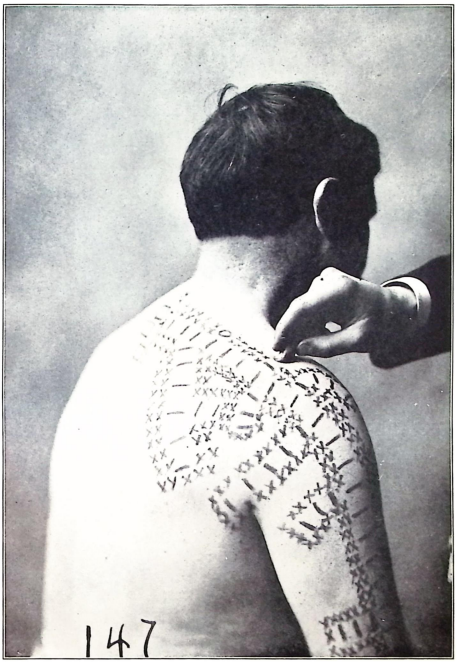


Illustration No. 162.—Second point of tenderness superior to eighth line as indicated by position of finger.

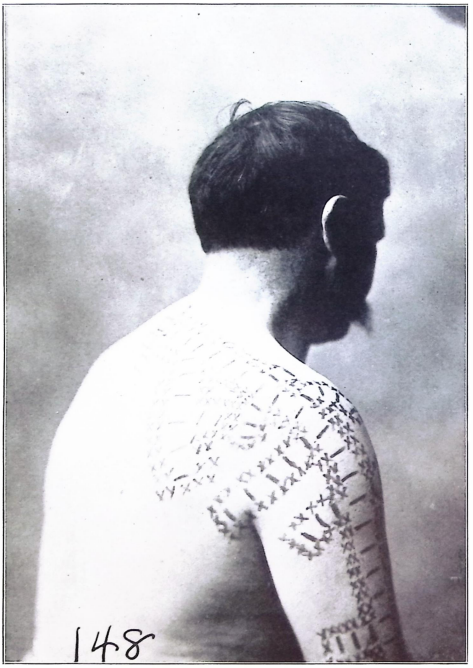


Illustration No. 163.—Second line superior to eighth line.

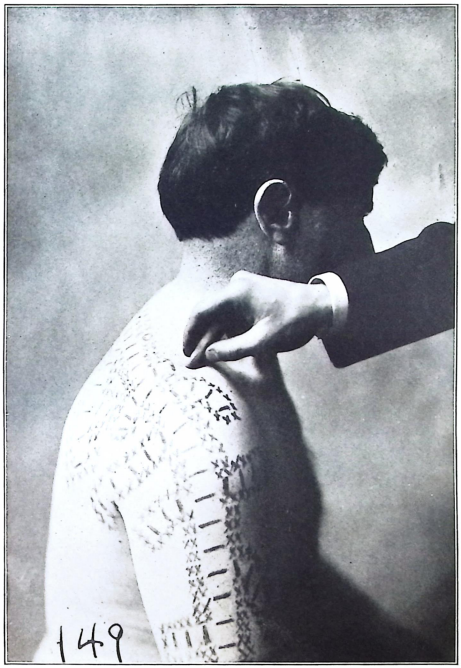


Illustration No. 164.—Third point of tenderness superior to eighth line as indicated by position of finger.



Illustration No. 165.—Third line superior to eighth line.

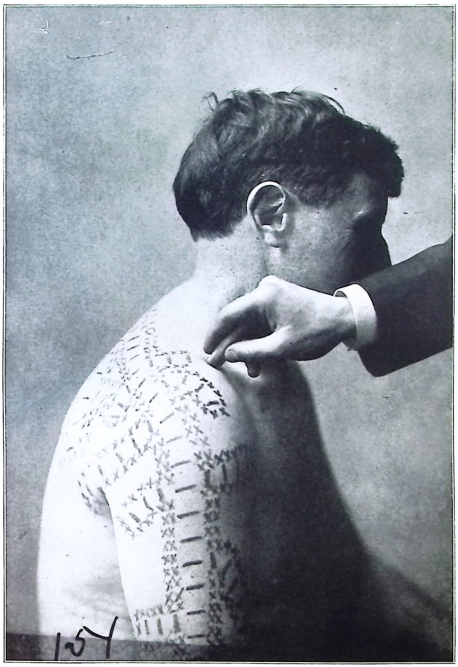


Illustration No. 166.—Fourth point of tenderness superior to eighth line as indicated by position of finger.

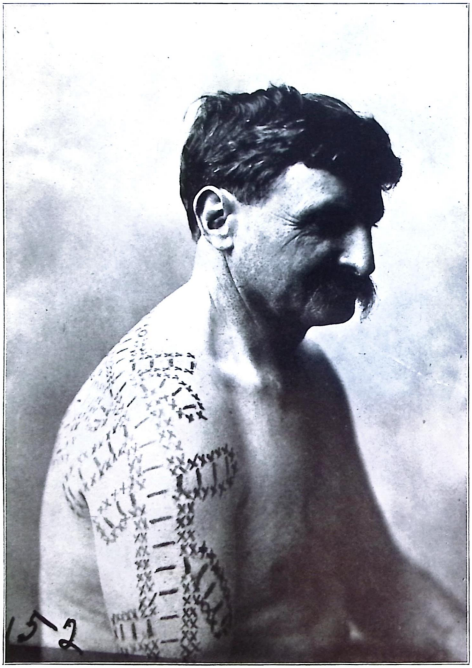


Illustration No. 167.—Fourth line superior to eighth line.

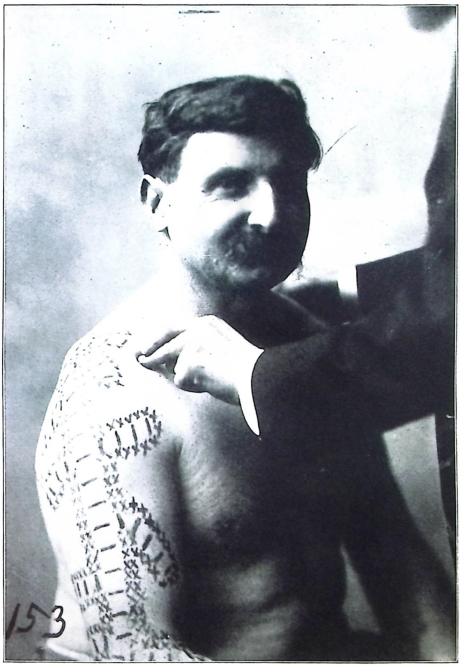


Illustration No. 167A.—Fifth point of tenderness superior to eighth line as indicated by position of finger.

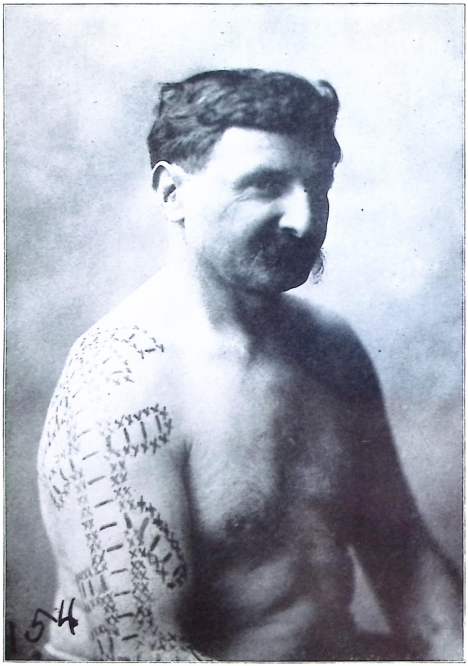


Illustration No. 168.—Fifth line superior to eighth line.

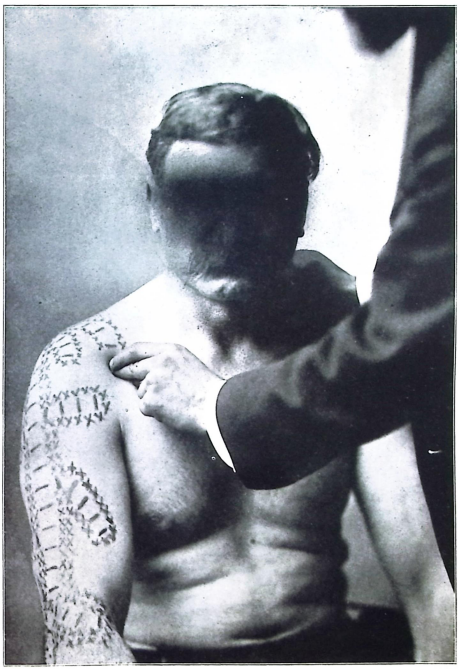


Illustration No. 169.—Sixth point of tenderness superior to eighth line as indicated by position of finger.

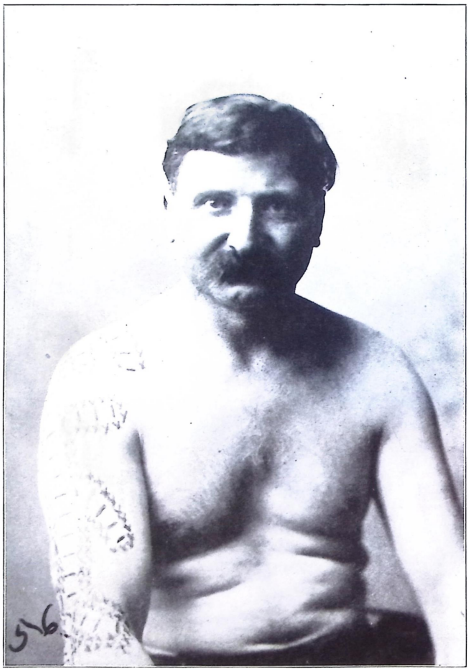


Illustration No. 170.—Sixth line superior to eighth line.

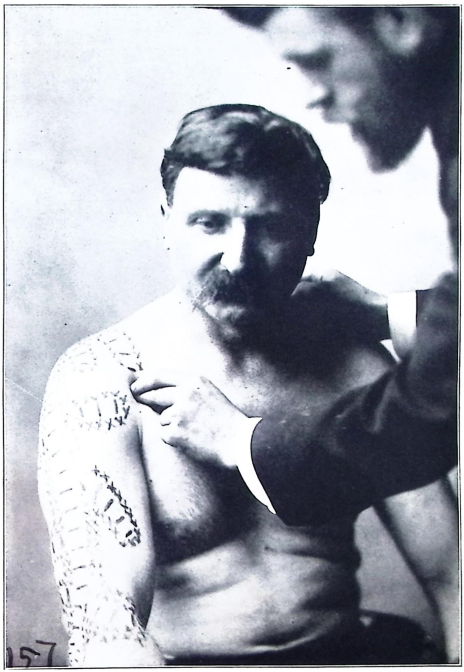


Illustration No. 171.—Seventh point superior to eighth line, as indicated by position of finger.

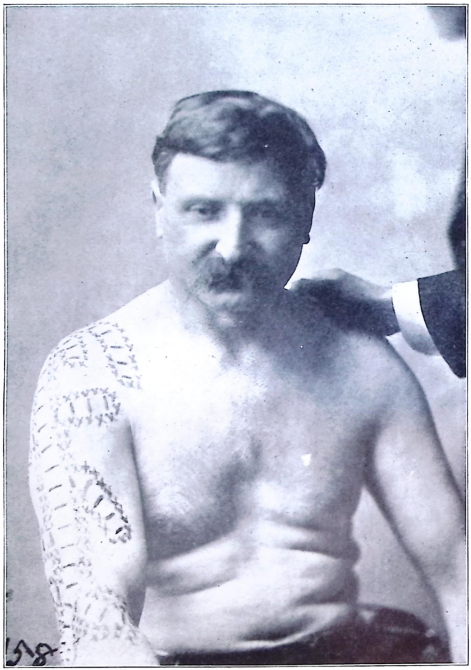


Illustration No. 172.—Seventh line superior to eighth line, ending this fibre.

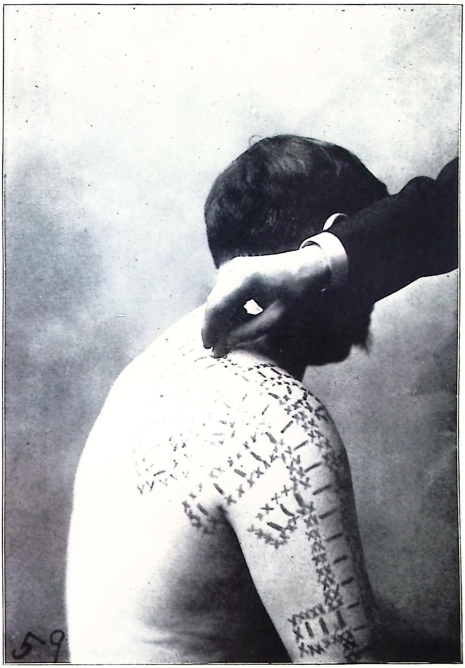


Illustration No. 173.—First point of tenderness superior to fifth line as indicated by position of finger.

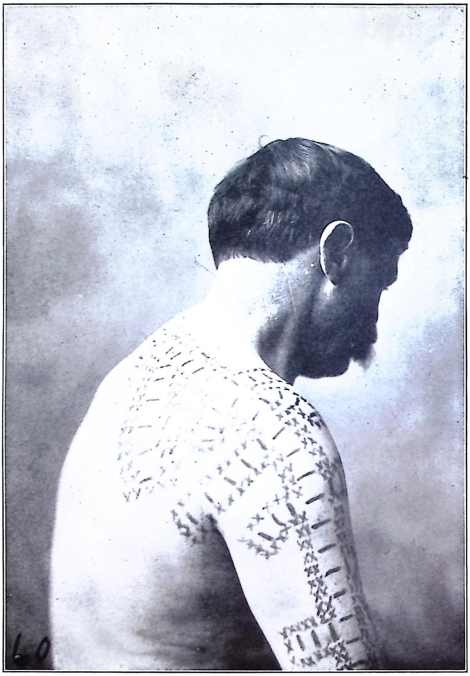


Illustration No. 174.—First line superior to fifth line.



Illustration No. 175. Second point of tenderness superior to fifth line as indicated by position of finger.



Illustration No. 176. Second line superior to fifth line.

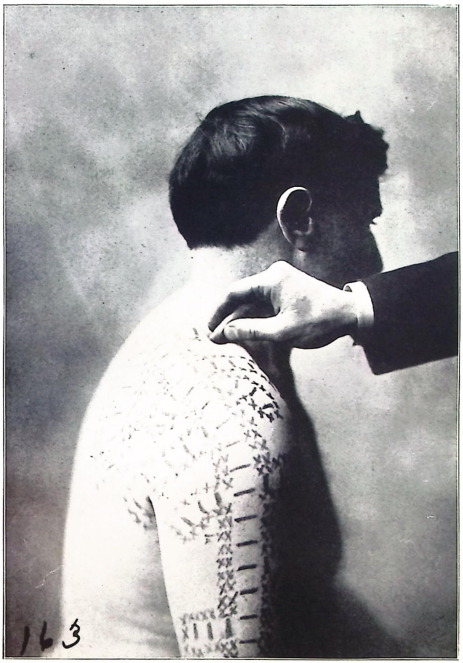


Illustration No. 177.—Third point of tenderness superior to fifth line as indicated by position of finger.

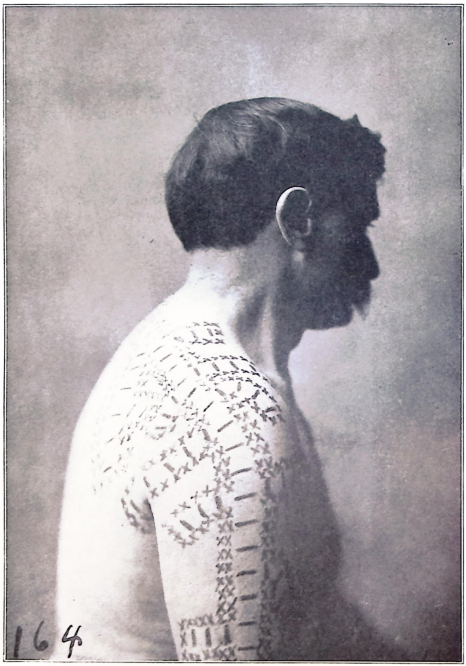


Illustration No. 178.—Third line superior to fifth line, ending this fibre.



Illustration No. 179.—Complete nerve tracing showing the line and all divisions (posterior view).

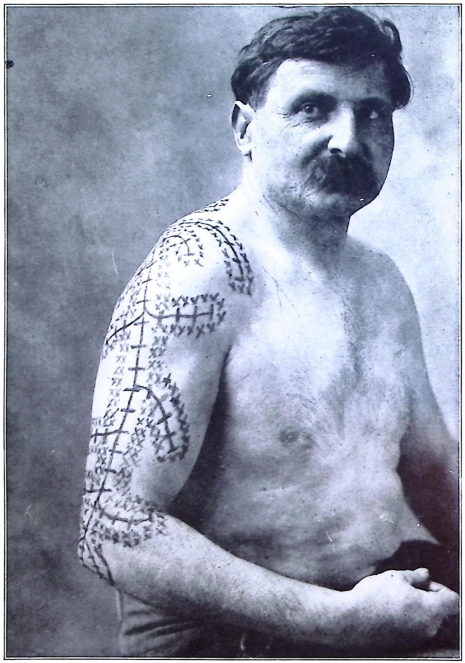


Illustration No. 180.—Right anterior position of complete nerve tracing.

SECTION II

A complete set of views showing *the process* of tracing *from* the objectively or subjectively known effects *to* the physical representative of the cause.

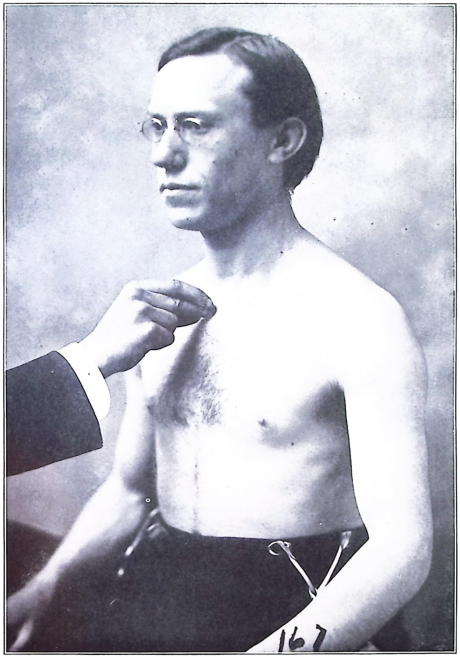


Illustration No. 181.—Tracing of individual No. 2 from effect to cause. First view shows first point of tenderness. Most superior point of tenderness on right chest.

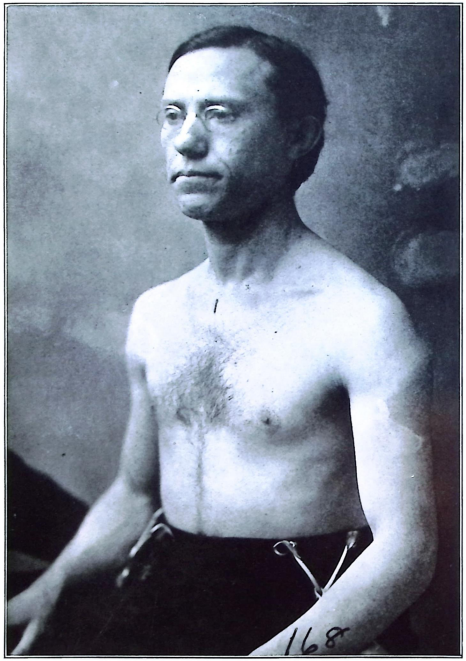


Illustration No. 182.—Line of highest point of tenderness.

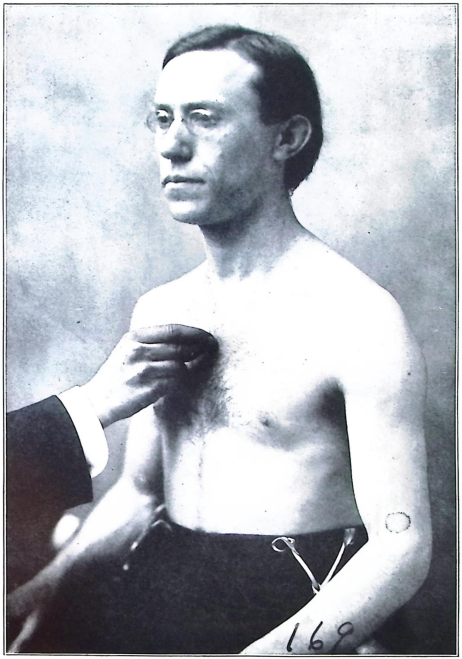


Illustration No. 183.—Second highest point of tenderness near median line near sternum.



Illustration No. 184.—Third highest point of tenderness near median line near sternum.

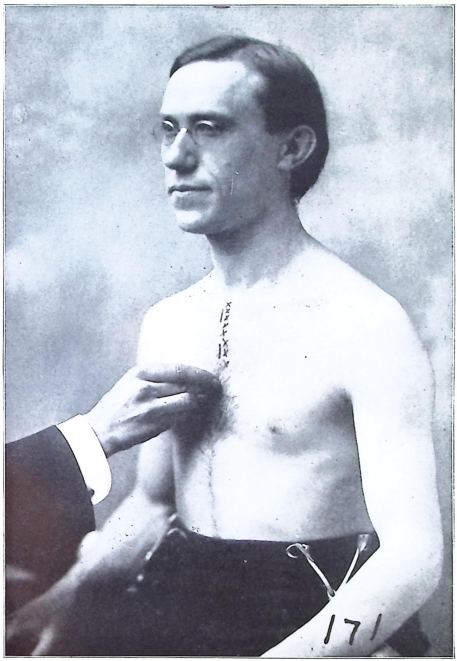


Illustration No. 185.—Third line nearest sternum.

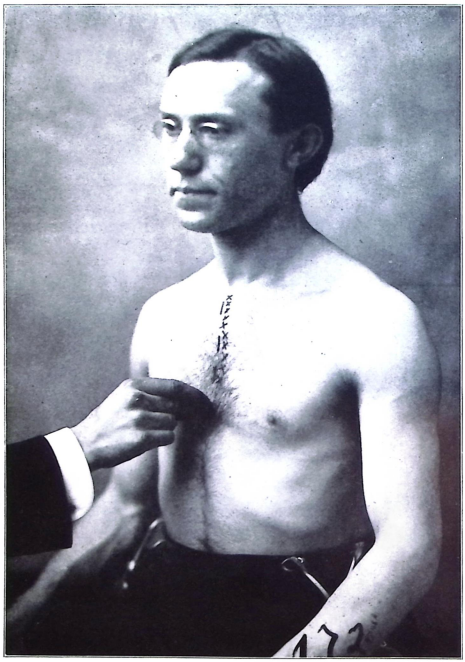


Illustration No. 186.—Fourth point of tenderness from superior.

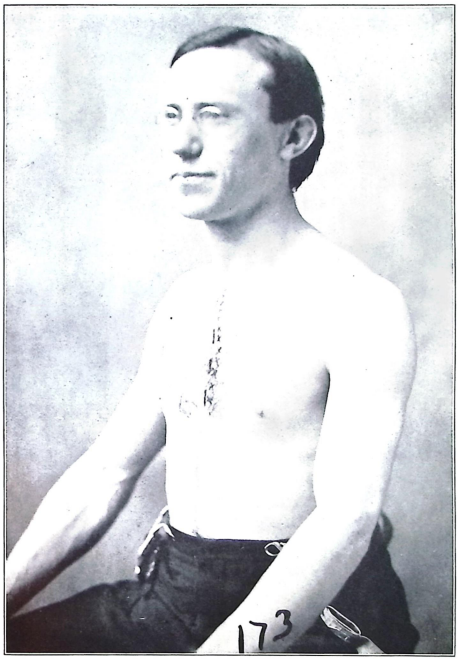


Illustration No. 187.—Fourth line from superior of sternum.

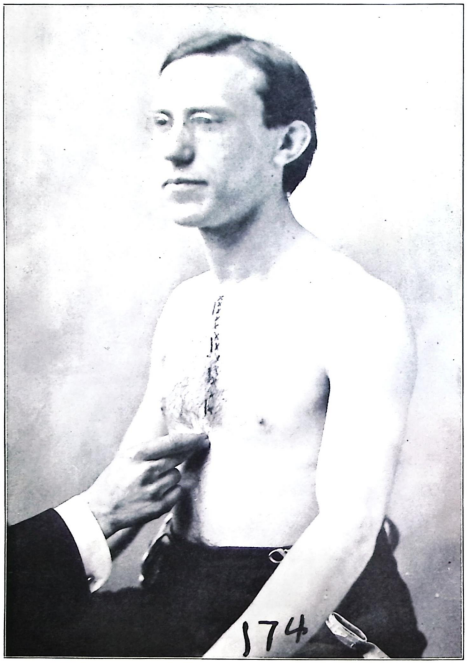


Illustration No. 188.—Fifth point of tenderness from superior.

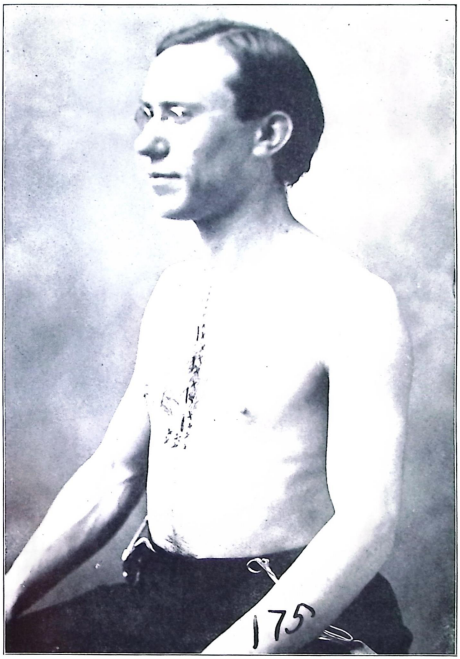


Illustration No. 189.—Fifth line of tenderness from superior.



Illustration No. 190.—Superior center point of tenderness in center of right chest.

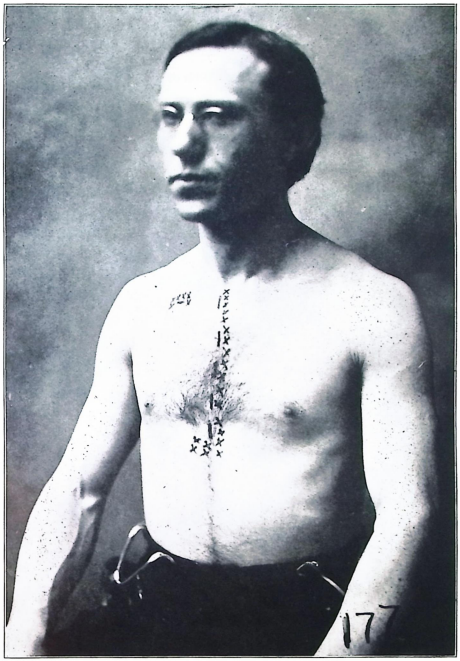


Illustration No. 191.—First center line.



Illustration No. 192.—Inferior point of tenderness of inferior portion of right chest.



Illustration No. 193.—Line at inferior of center chest.

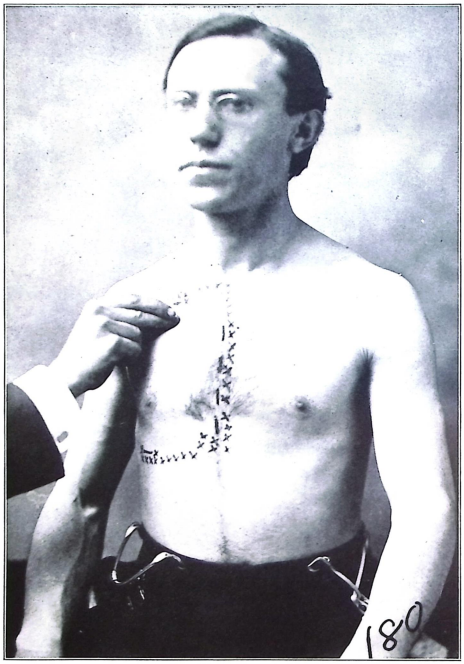


Illustration No. 194.—Second point of center superior nerve.



Illustration No. 195.—Second line inferior of center superior nerve.

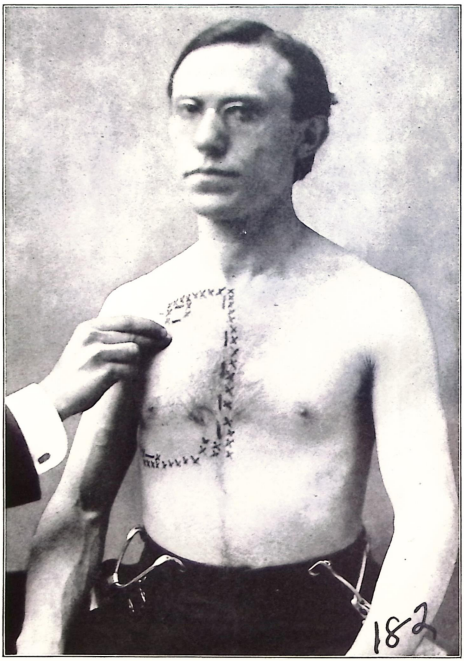


Illustration No. 196.—Third point of tenderness of center superior nerve.

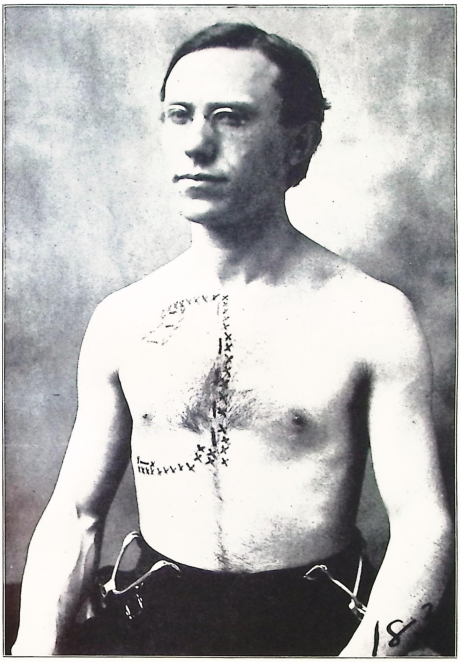


Illustration No. 197.—Third line of tenderness of center superior nerve.

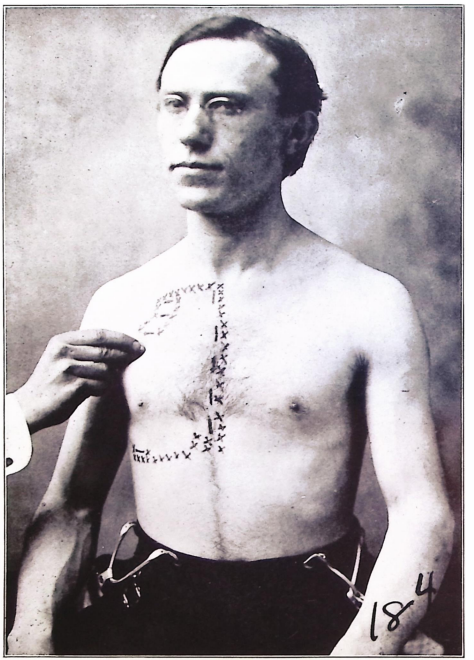


Illustration No. 198.—Fourth point of tenderness of center superior nerve.

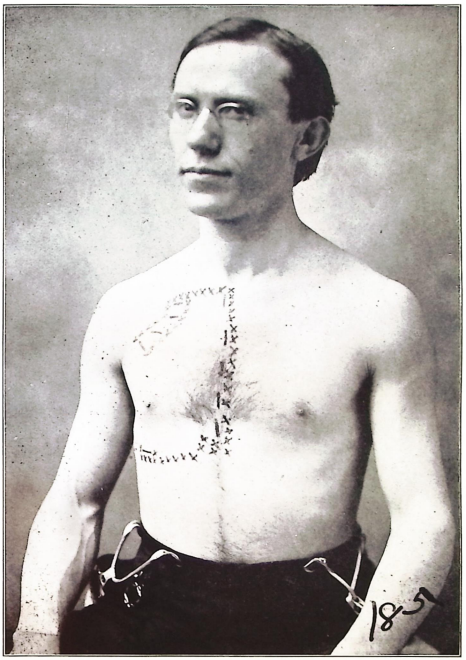


Illustration No. 199.—Fourth line of tenderness of center superior nerve.

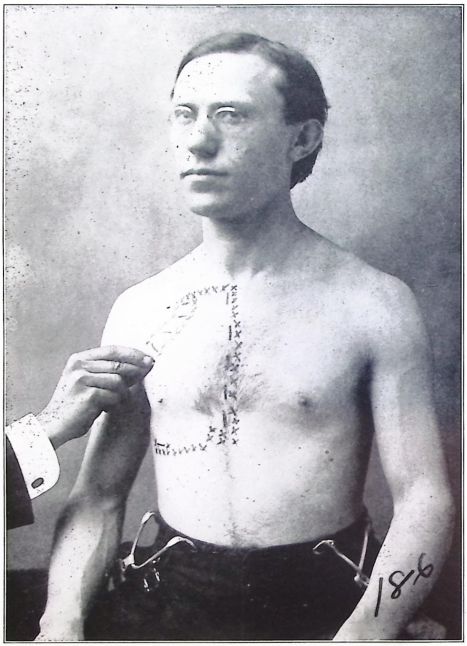


Illustration No. 200.—Fifth point of tenderness of center superior nerve.

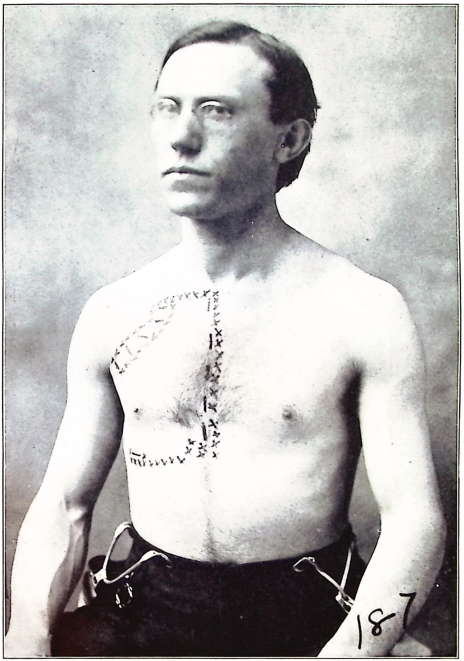


Illustration No. 201.—Fifth line of tenderness of center superior nerve.

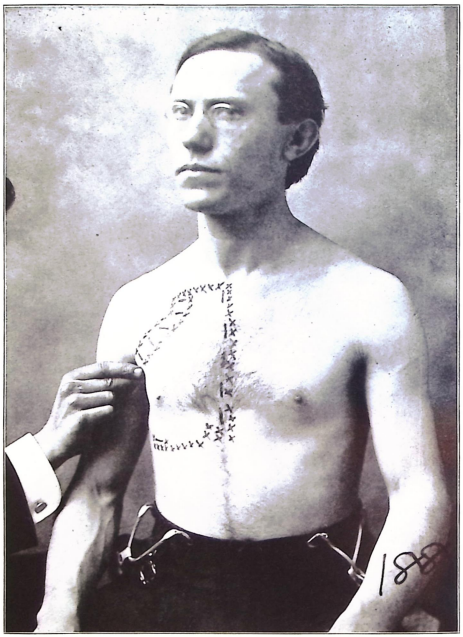


Illustration No. 202.—Sixth point of tenderness of center superior nerve.



Illustration No. 203.—We will leave the above nerve for the present and go back to the center superior starting point, and work to the rear.

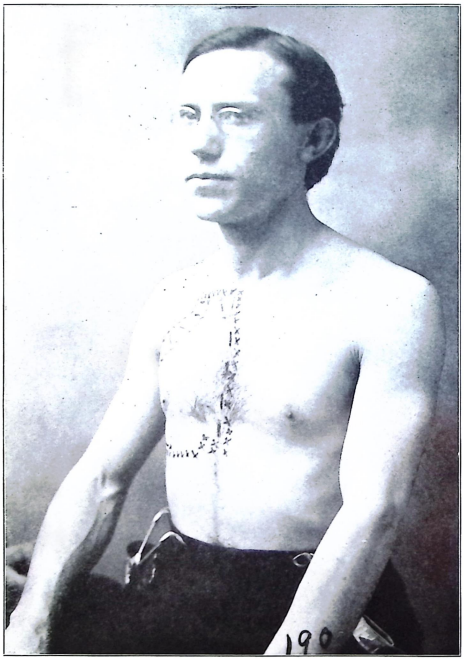


Illustration No. 204.—Second line of tenderness of center nerve from above downward.

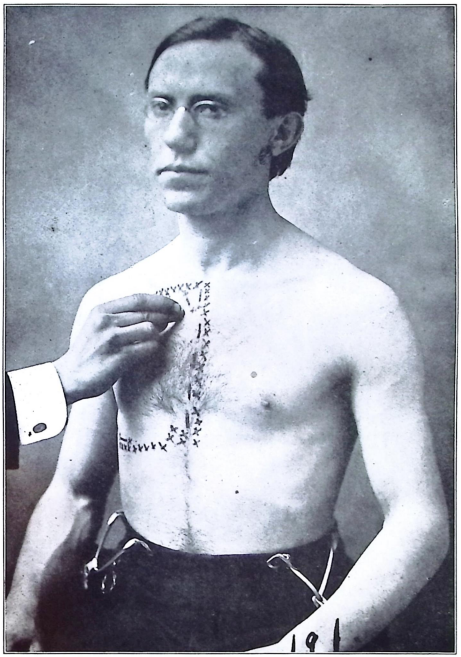


Illustration No. 205.—Third point of tenderness of center nerve from above downward.



Illustration No. 206.—Third line of tenderness of center nerve from above downward.

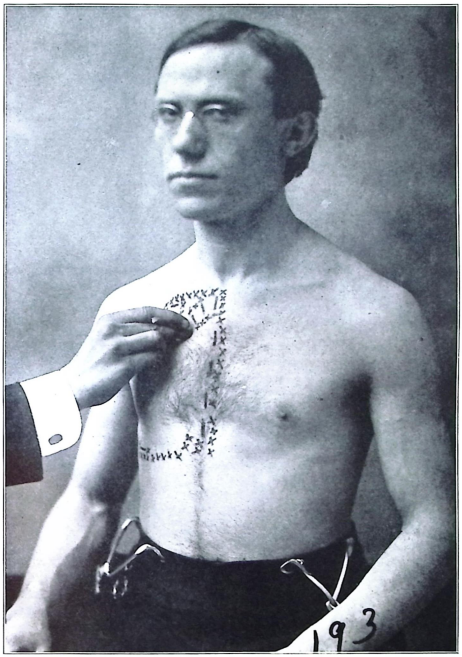


Illustration No. 207.—Fourth point of tenderness of center nerve from above downward.

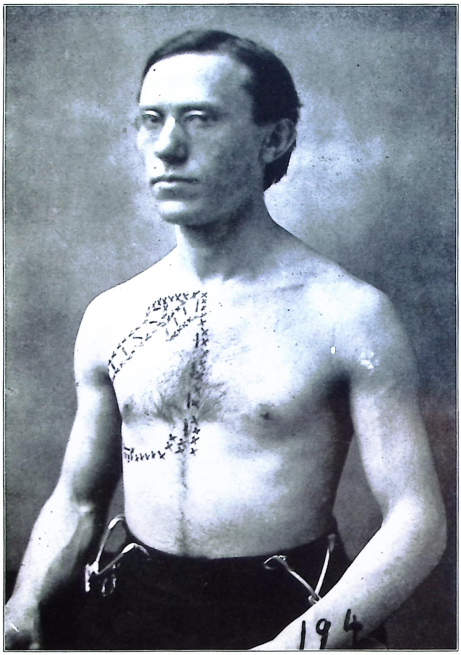


Illustration No. 208.—Fourth line of tenderness of center nerve from above downward.

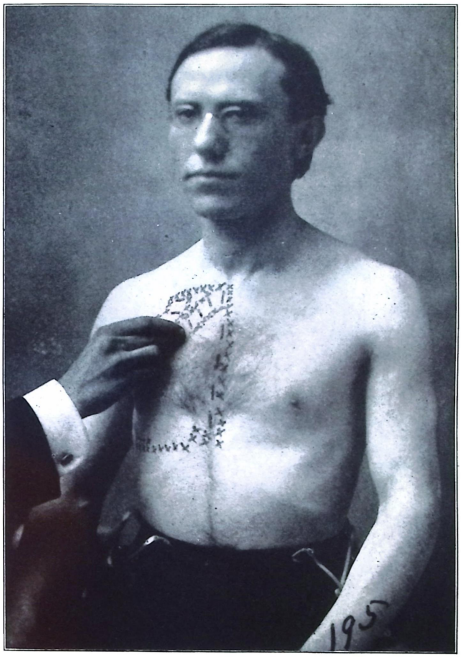


Illustration No. 209.—Fifth point of tenderness of center nerve from above downward.

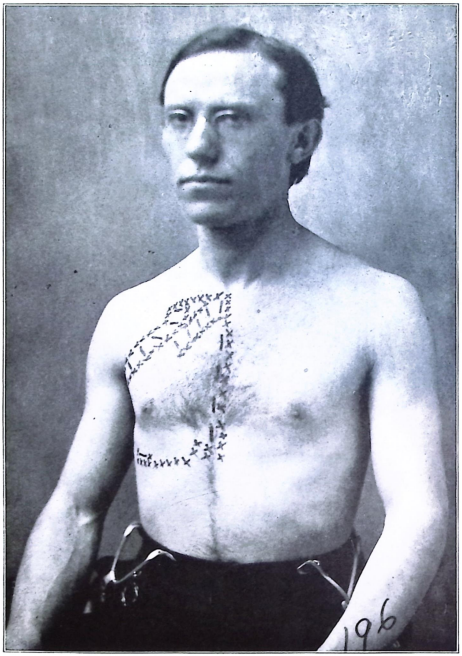


Illustration No. 210.—Fifth line of tenderness of center nerve from above downward.



Illustration No. 211.—Sixth point of tenderness of center nerve from above downward.

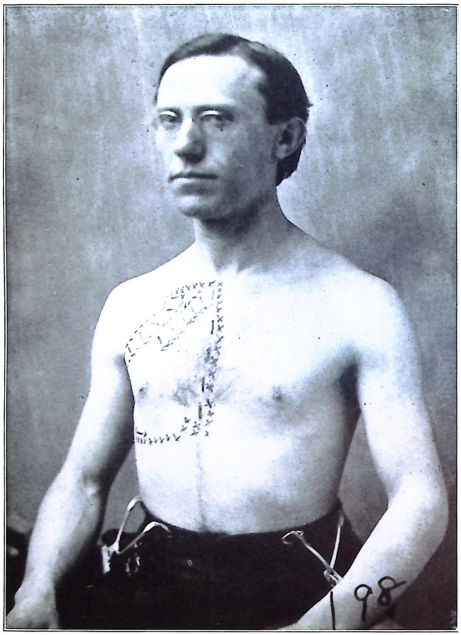


Illustration No. 212.—Sixth line of tenderness of center nerve from above downward.



Illustration No. 213.—Seventh point of tenderness of center nerve from above downward.

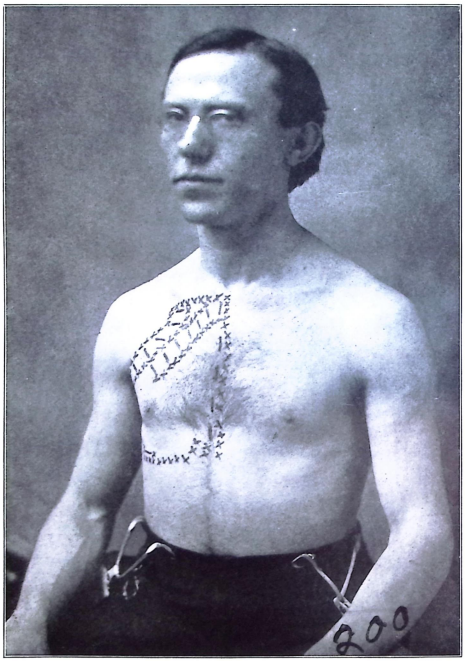


Illustration No. 214.—Seventh line of tenderness of center nerve from above downward.

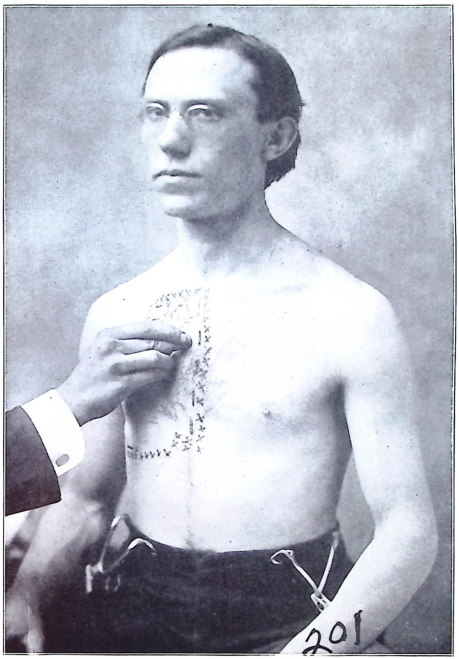


Illustration No. 215.—We leave the first median nerve and start on the second median center nerve from above downward.

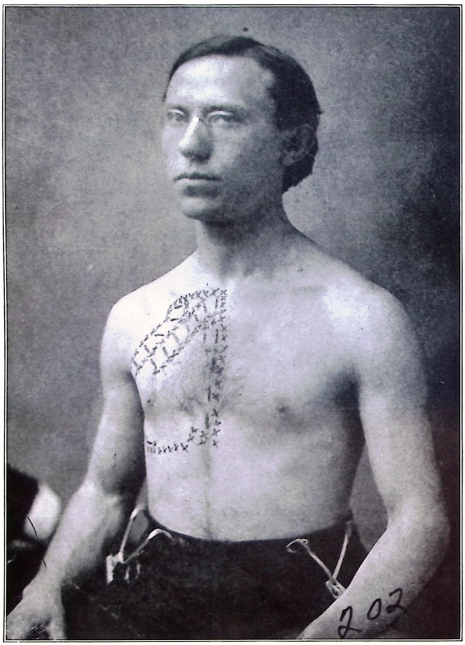


Illustration No. 216.—Second line of tenderness on second nerve.

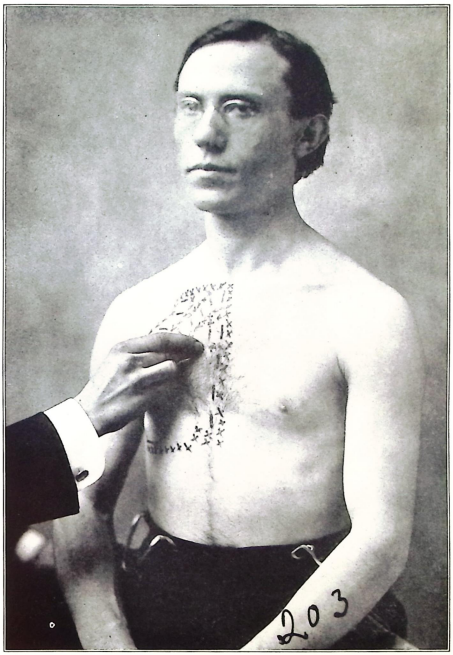


Illustration No. 217.—Third point of tenderness on second nerve.

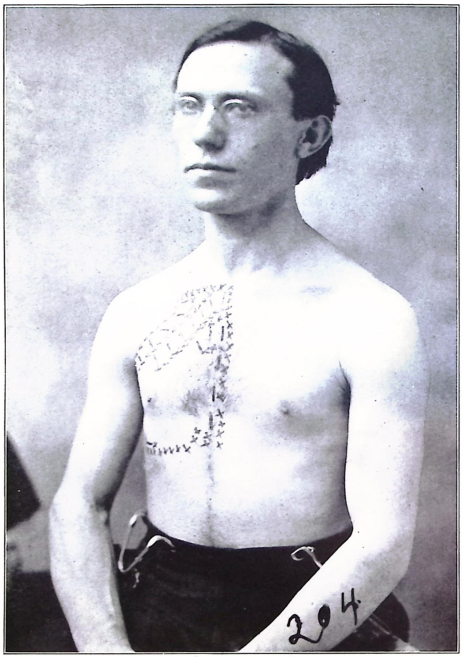


Illustration No. 218.—Third line of tenderness on second nerve.

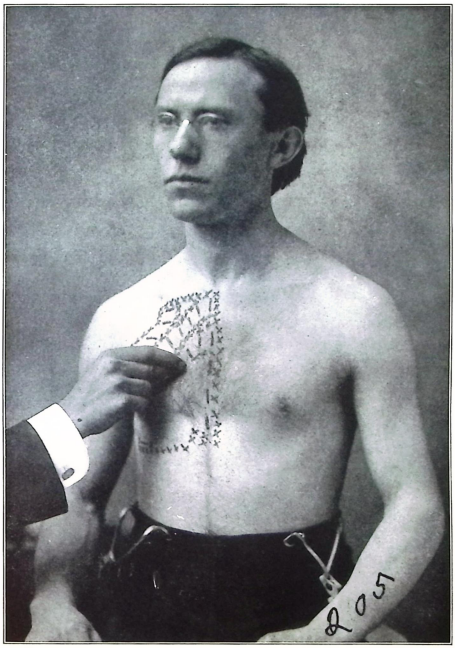


Illustration No. 219.—Fourth point of tenderness on second nerve.

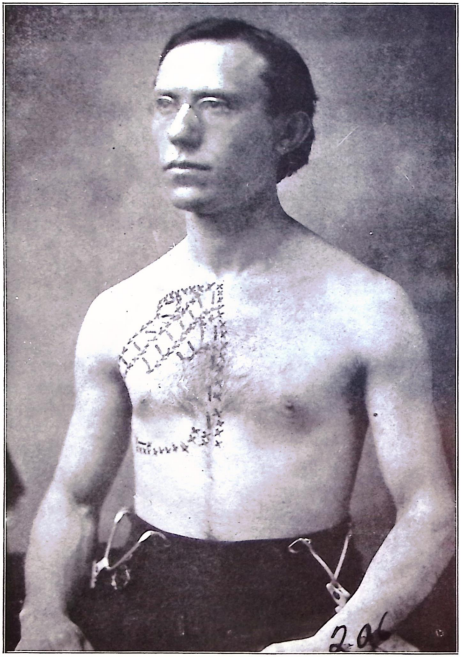


Illustration No. 220.—Fourth line of tenderness on second nerve.

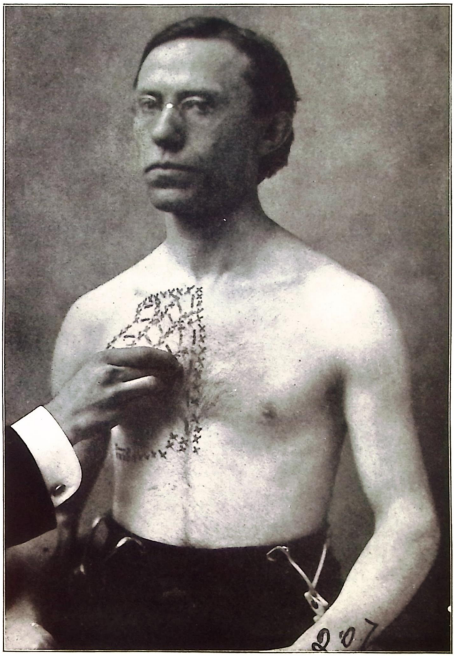


Illustration No. 221.—We leave that nerve and go to the third nerve in median line from above downward. Second point of tenderness of center nerve of median line of sternum.

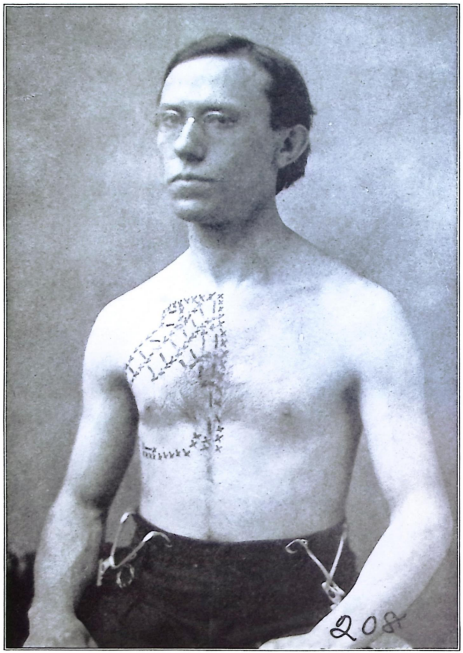


Illustration No. 222.—Second line of tenderness of center nerve of median line of sternum.

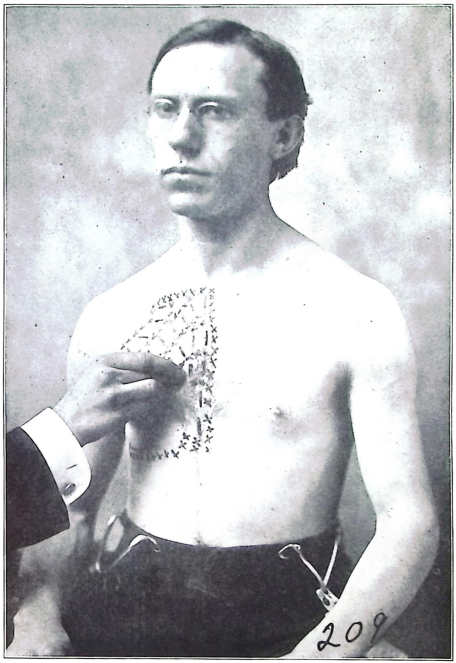


Illustration No. 223.—Third point of tenderness of center nerve of median line of sternum.



Illustration No. 224.—Third line of tenderness of center nerve of median line of sternum.



Illustration No. 225.—We leave the third median line from above downward and go to the fourth nerve showing second point of tenderness.



Illustration No. 226.—Second line of fourth nerve.

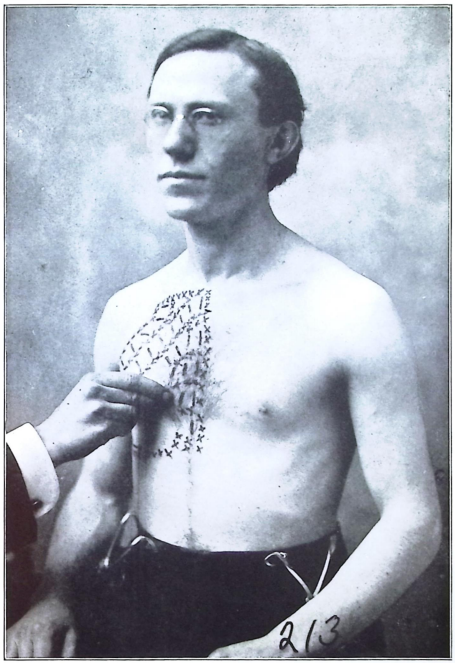


Illustration No. 227.—Third point of tenderness on fourth nerve.

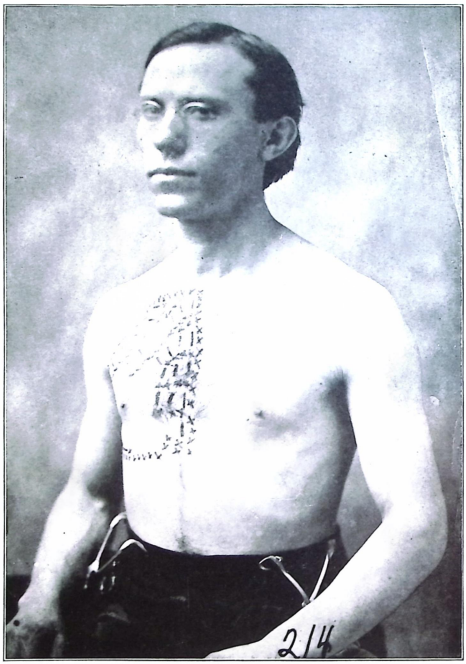


Illustration No. 228.—Third line of tenderness.



Illustration No. 229.—We leave the fourth nerve for a few minutes and drop down to the fifth median nerve, from above downward. Second point of tenderness of fifth nerve.



Illustration No. 230.—Second line of tenderness of fifth nerve.

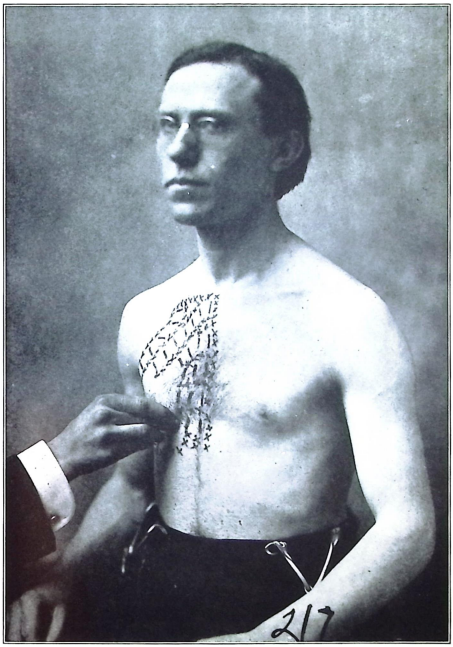


Illustration No. 231.—Third point of tenderness of fifth nerve.



Illustration No. 232.—Third line of tenderness of fifth nerve.



Illustration No. 233.—We will leave the fifth median line from above downward for a few minutes and proceed to inferior center nerve. Second point of tenderness of inferior center nerve.



Illustration No. 234.—Second line of tenderness of inferior center nerve.



Illustration No. 235.—Third point of tenderness of inferior center nerve.



Illustration No. 236.—Third line of tenderness of inferior center nerve.

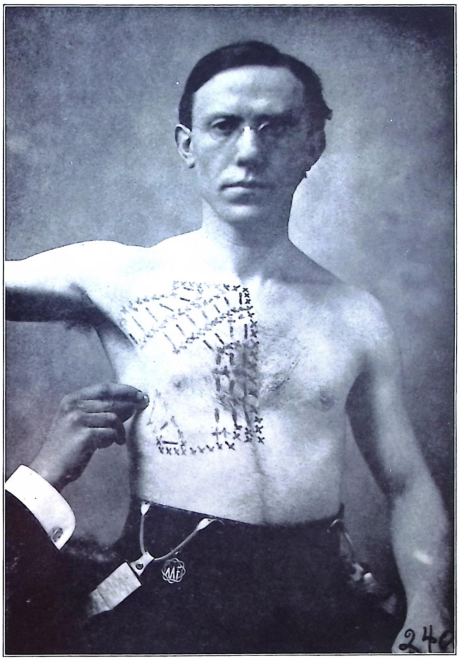


Illustration No. 237.—Fourth point of tenderness of inferior center nerve.



Illustration No. 238.—Fourth line of tenderness of inferior center nerve.



Illustration No. 239.—Tender point of center right side of chest.

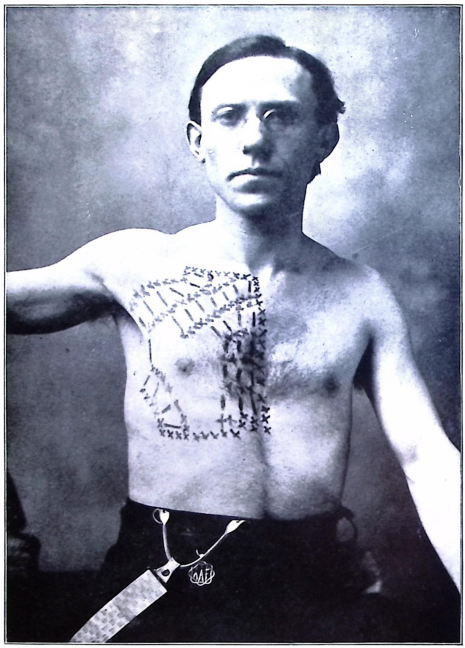


Illustration No. 240.—Line in place where tenderness was found a moment ago.



Illustration No. 241.—Fifth point of tenderness of inferior center nerve.

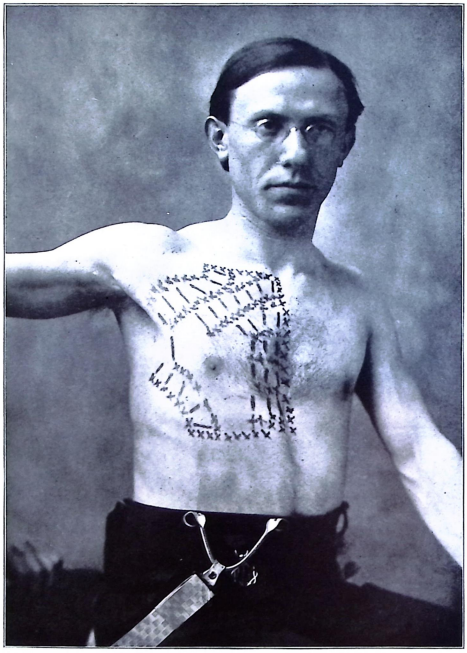


Illustration No. 242.—Fifth line of tenderness of inferior center nerve.



Illustration No. 243.—Sixth point of tenderness of inferior center nerve.



Illustration No. 244.—Sixth line of tenderness of inferior center nerve.

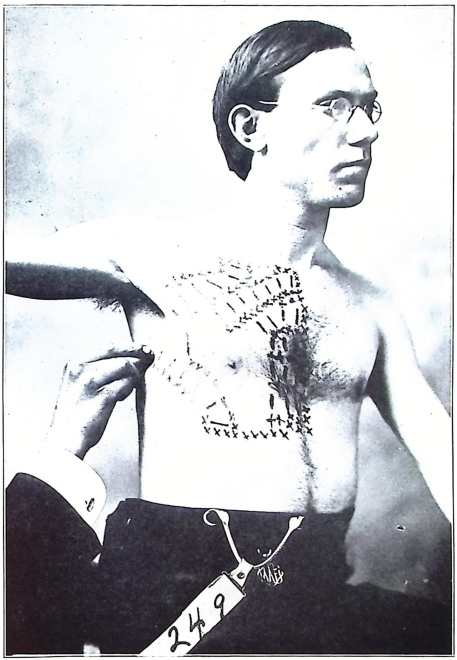


Illustration No. 245.—Seventh point of tenderness of inferior center nerve.

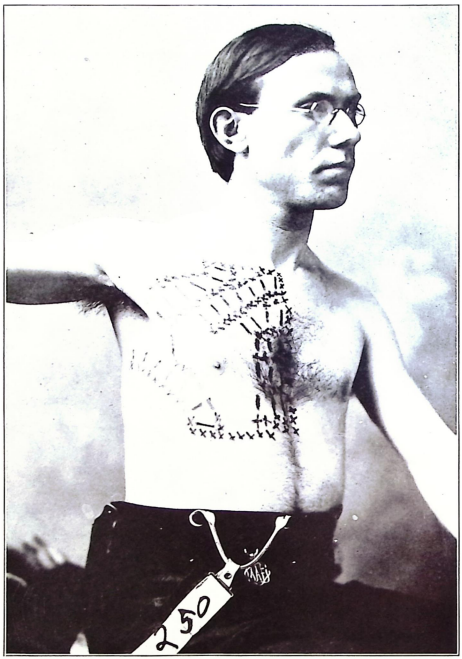


Illustration No. 246.—Seventh line of tenderness of inferior center nerve.

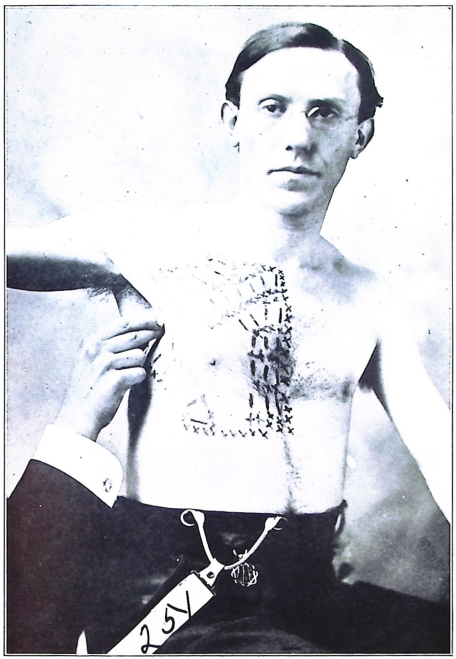


Illustration No. 247.—Leaving this nerve for a moment we go back to our superior center nerve where we left off a few minutes ago. Seventh point of tenderness of superior center nerve.

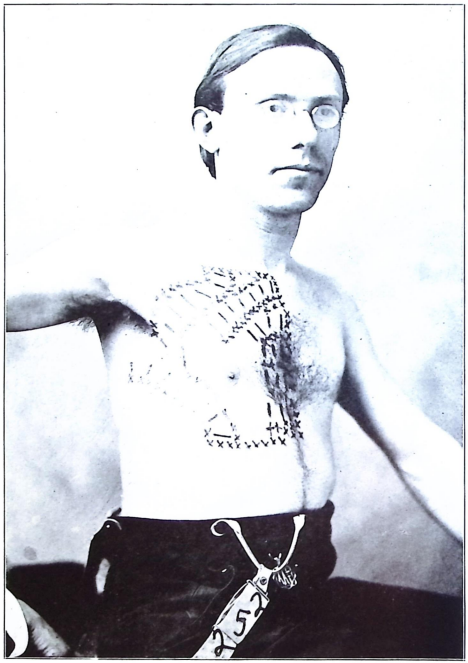


Illustration No. 248.—Seventh line of tenderness of superior center nerve.

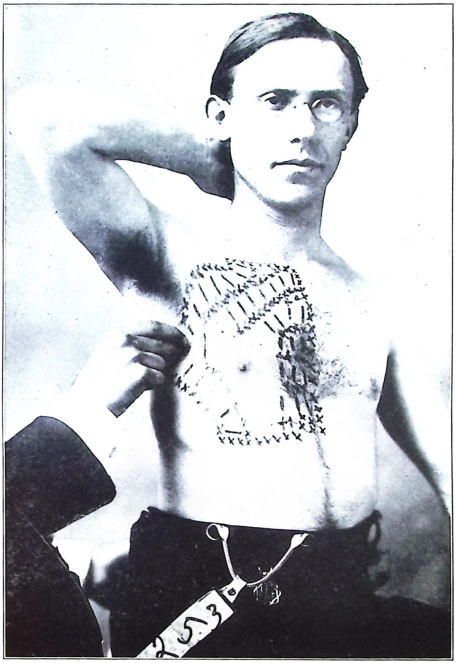


Illustration No. 249.—Eighth point of tenderness of superior center nerve.

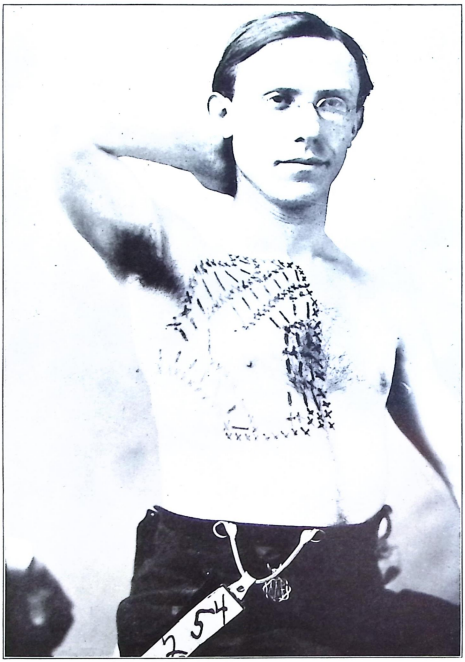


Illustration No. 250.—Eighth line of tenderness of superior center nerve.



Illustration No. 251.—Ninth point of tenderness of superior center nerve.

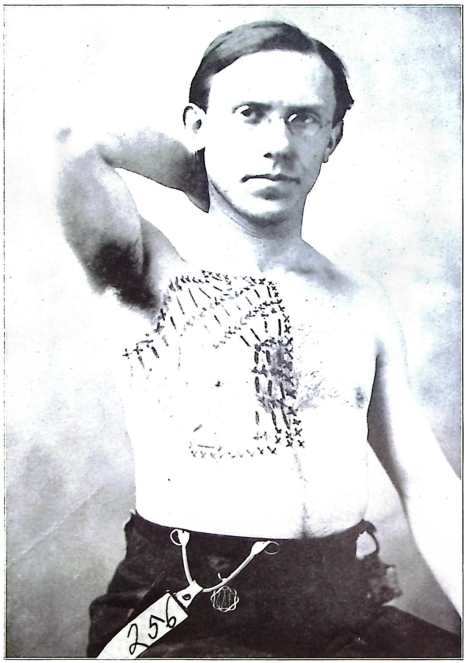


Illustration No. 252.—Ninth line of tenderness of superior center nerve.

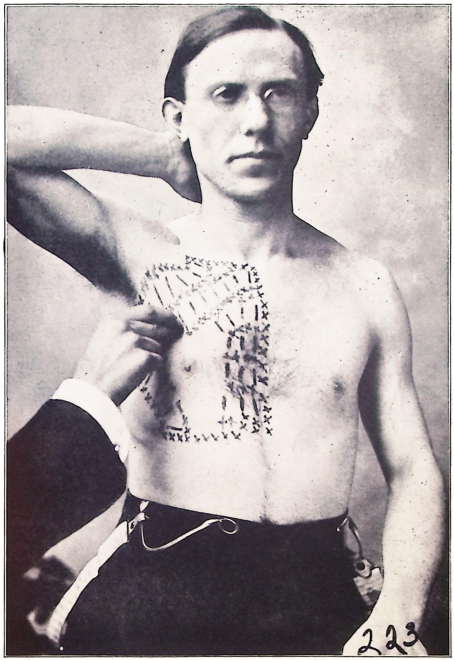


Illustration No. 253.—Leaving the superior center as we go back to the first median nerve from above downward. Eighth point of tenderness of first center of median nerve.

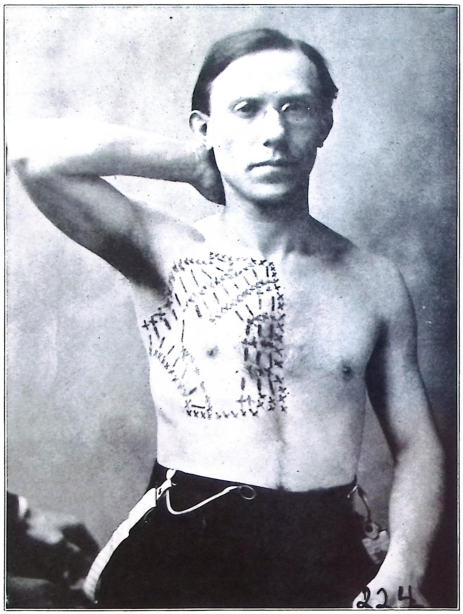


Illustration No. 254.—Eighth line of tenderness of first center medium nerve.

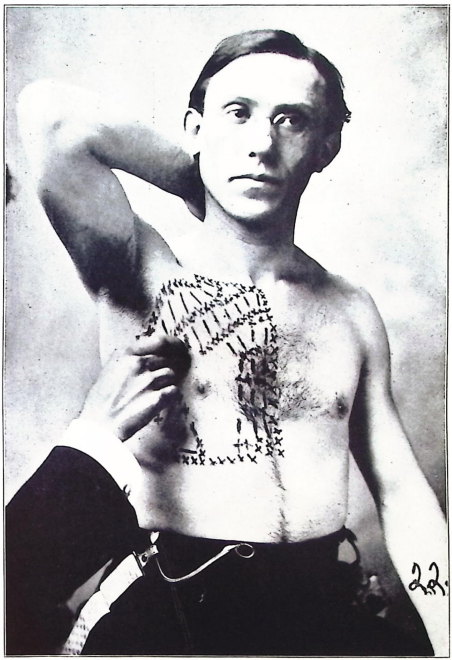


Illustration No. 455.—Ninth point of tenderness of first center medium nerve.



Illustration No. 456.—Ninth line of tenderness of first center median nerve.

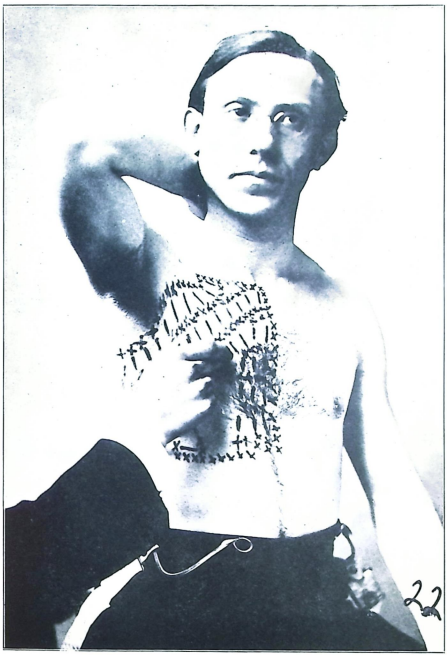


Illustration No. 257.—Leaving the first median nerve from above downward we go below to second. Fifth point of tenderness of second nerve of median line.

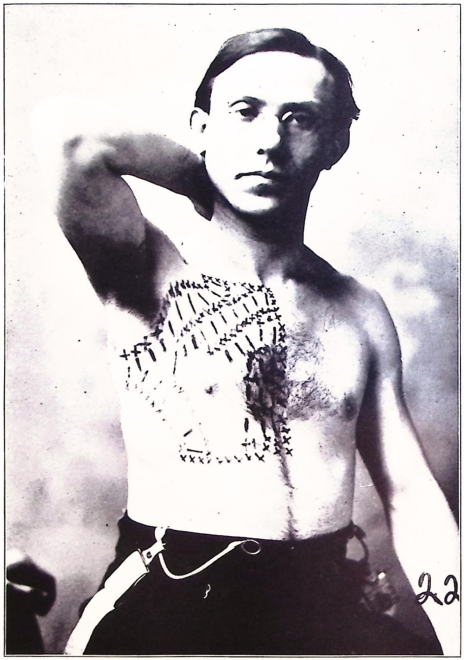


Illustration No. 258.—Fifth line of tenderness of second nerve median line.

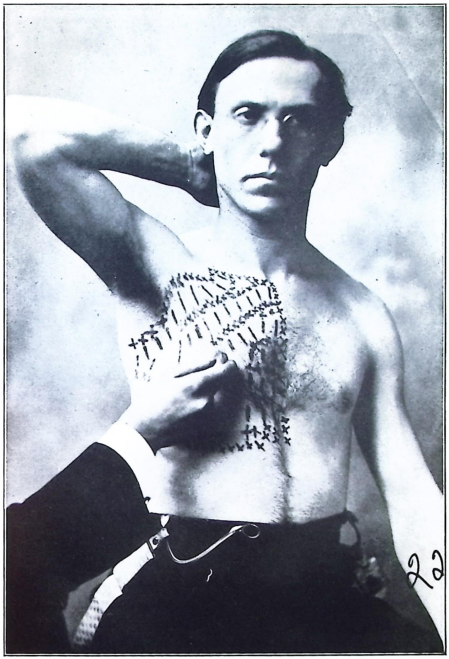


Illustration No. 259.—Sixth point of tenderness of second nerve median line.

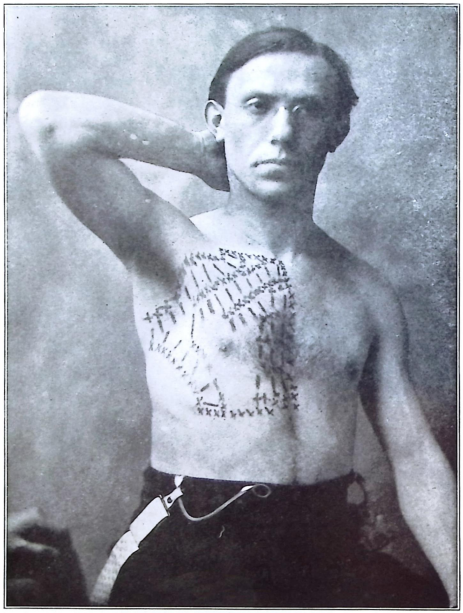


illustration No. 260.—Sixth line of tenderness of second nerve median line.

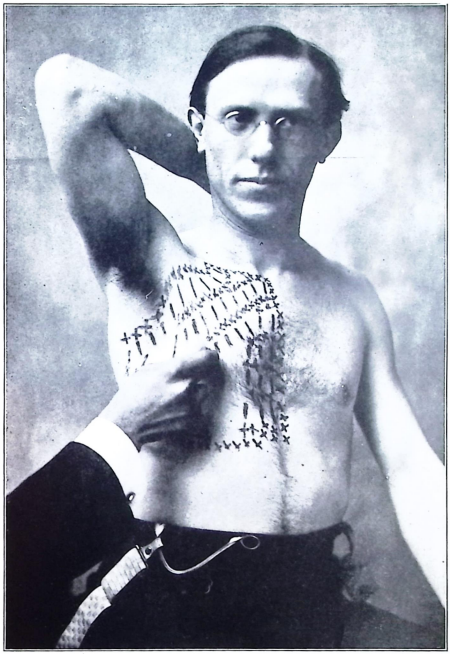


Illustration No. 261.—Seventh point of tenderness of second nerve median line.

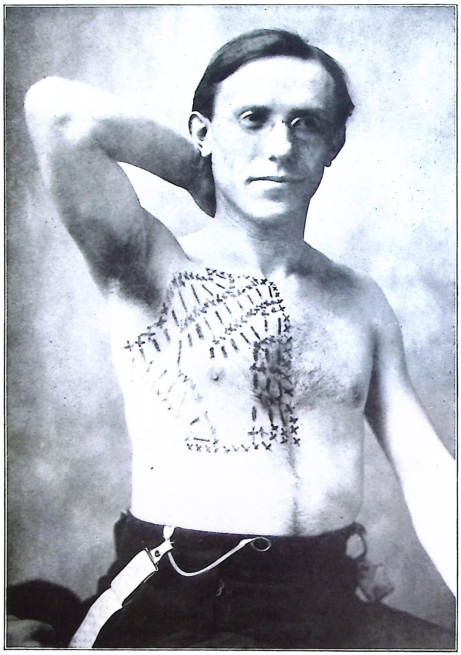


Illustration No. 262.—Seventh line of tenderness of second nerve median line.

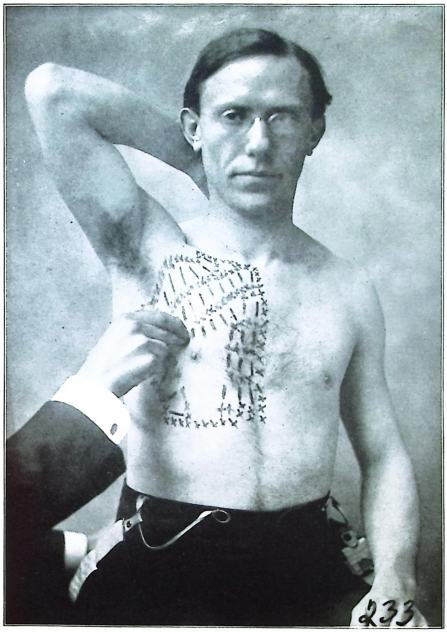


Illustration No. 263.—Eighth point of tenderness of second nerve median line.

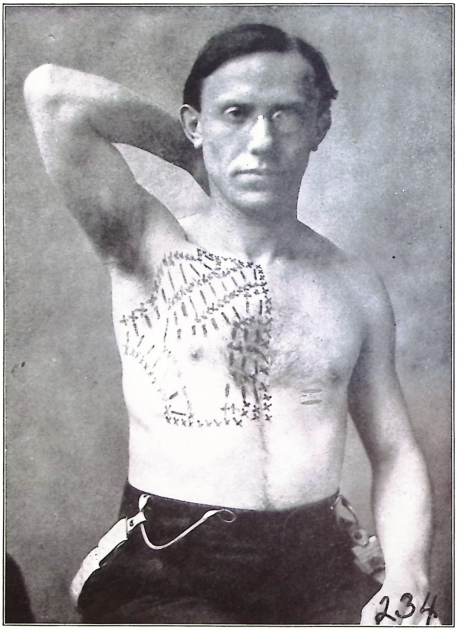


Illustration No. 264.—Eighth line of tenderness of second nerve of median line.

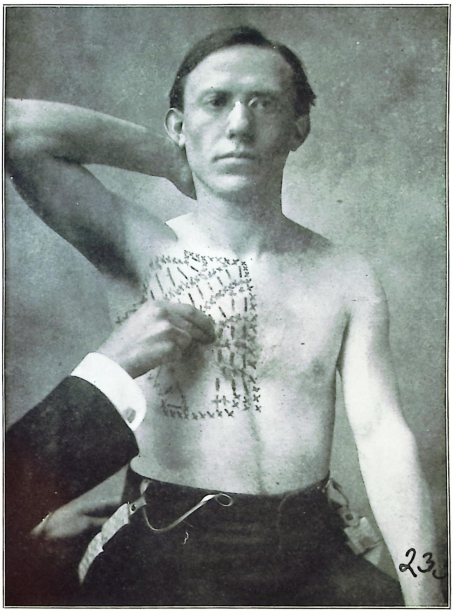


Illustration No. 265.—We find the second line from above downward blends into the first median nerve. We now leave the second and go to the third median nerve from above downward. Fourth point of tenderness of center median nerve from above downward.



Illustration No. 266.—Fourth line of tenderness of center median nerve from above downward.



Illustration No. 267.—We find that the third median nerve blends into second median nerve. Leaving third median nerve we go to the fourth. Fourth point of tenderness of the fourth median nerve from above downward.



Illustration No. 268.—Fourth line of tenderness of the fourth median nerve from above downward.



Illustration No. 269.—Fifth point of tenderness of the fourth median nerve from above downward.

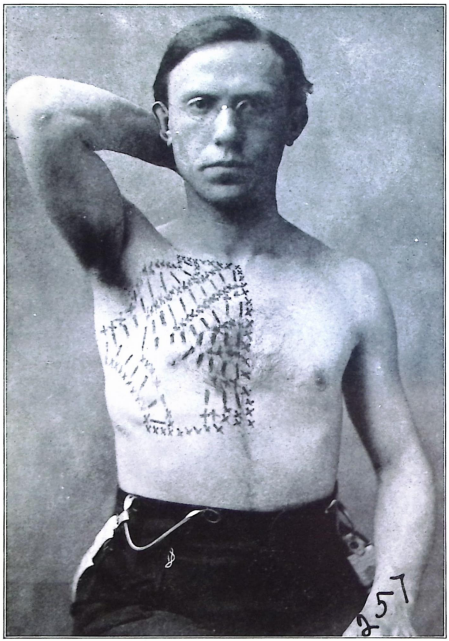


Illustration No. 270.—Fifth line of tenderness of the fourth median nerve from above downward.



Illustration No. 271.—Leaving the fourth median nerve from above downward we take up the fifth from where we left off before. Fourth point of tenderness of the fifth median nerve.

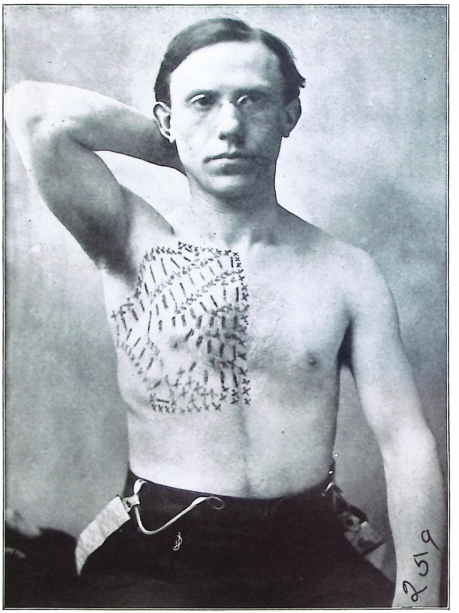


Illustration No. 272.—Fourth line of tenderness of the fifth median nerve.



Illustration No. 273.—Fifth point of tenderness of the fifth median nerve.

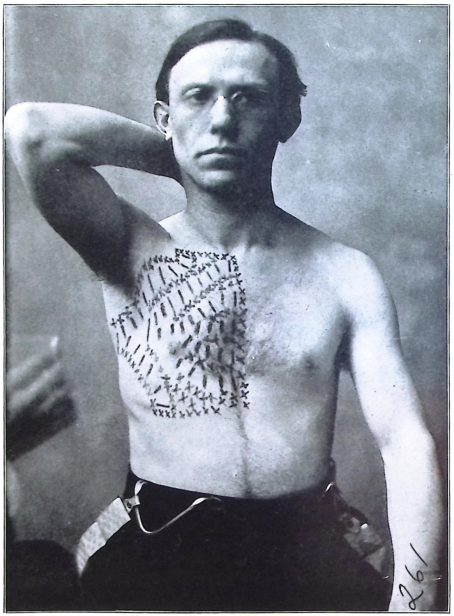


Illustration No. 274.—Fifth line of tenderness of the fifth median nerve.

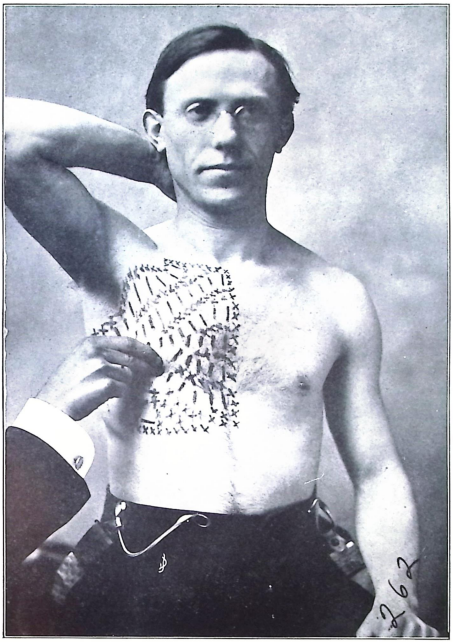


Illustration No. 275.—Sixth point of tenderness of the fifth median line.



Illustration No. 276.—Sixth line of tenderness of the fifth median line.



Illustration No. 277.—Connecting several broken ends as they come from the chest to a common gathering point.

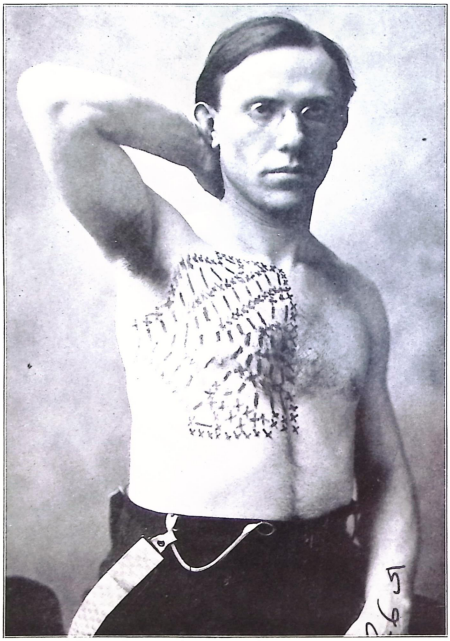


Illustration No. 278.—Line to correspond.

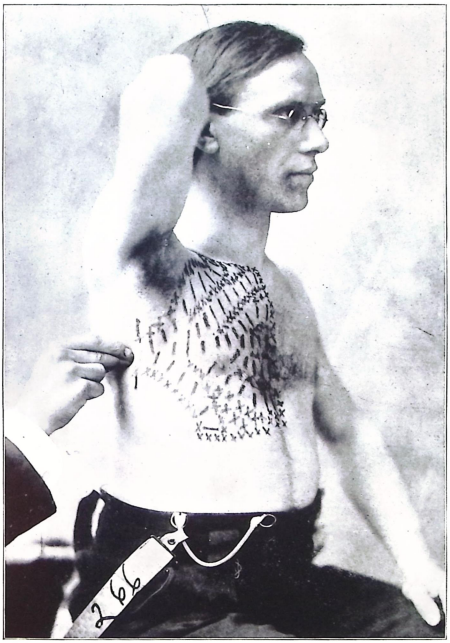


Illustration No. 279.—First point of tenderness after all fibres have gathered to one common gathering point.

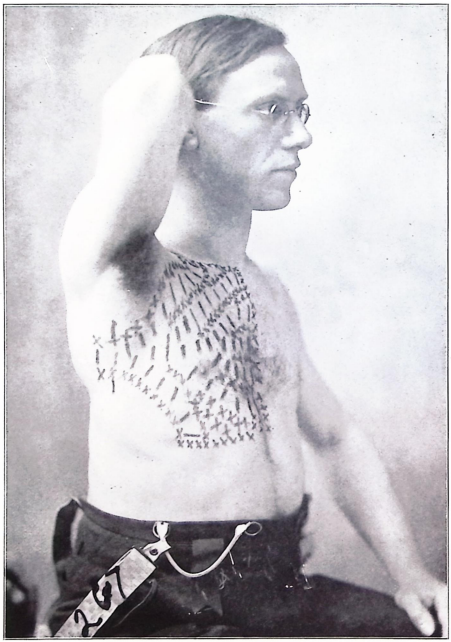


Illustration No. 280.—Line to correspond.



Illustration No. 281.—Second point of tenderness on main trunk nerve.

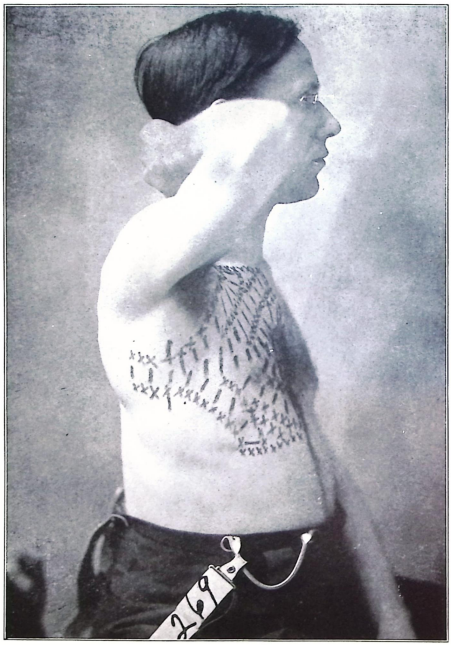


Illustration No. 282.—Second line of tenderness on main trunk nerve.

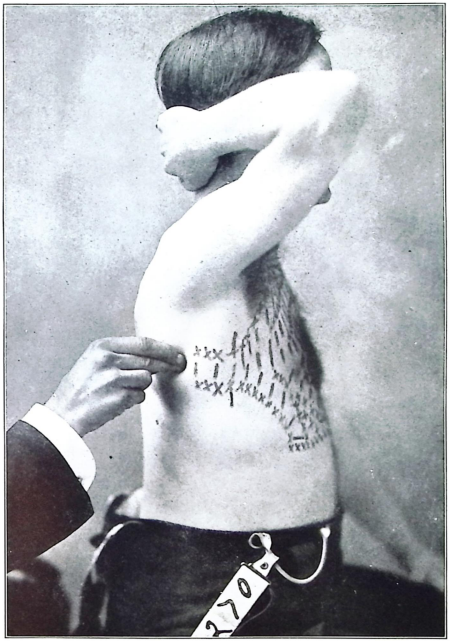


Illustration No. 283.—Third point of tenderness on main trunk line.



Illustration No. 284.—Third line of tenderness on main trunk nerve.



Illustration No. 285.—Fourth point of tenderness on main trunk nerve.



Illustration No. 286.—Fourth line of tenderness on main trunk nerve.

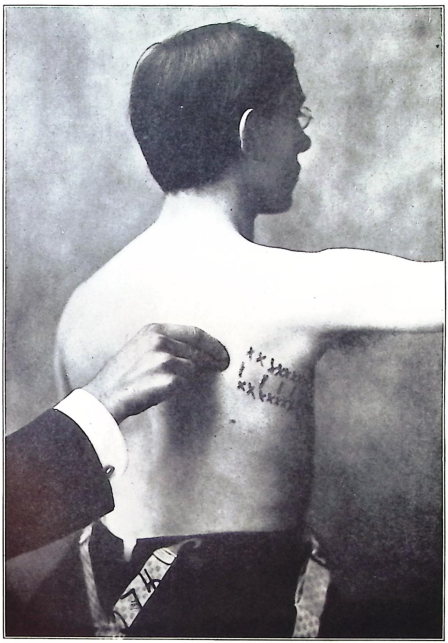


Illustration No. 287.—Fifth point of tenderness on main trunk nerve.

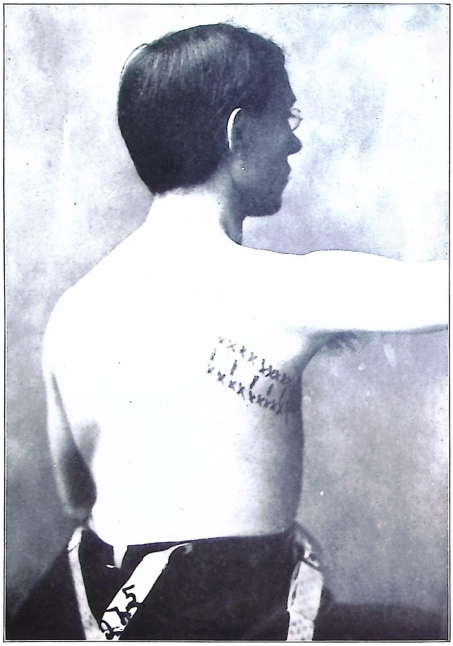


Illustration No. 288.—Fifth line of tenderness on main trunk nerve.

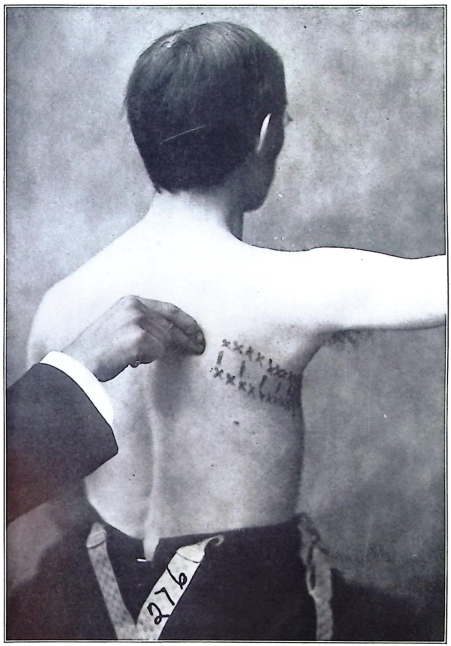


Illustration No. 289.—Sixth point of tenderness on main trunk nerve.

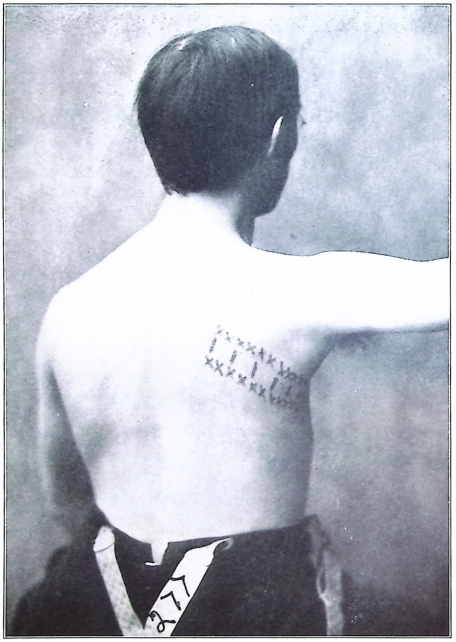


Illustration No. 290.—Sixth line of tenderness on main trunk nerve.

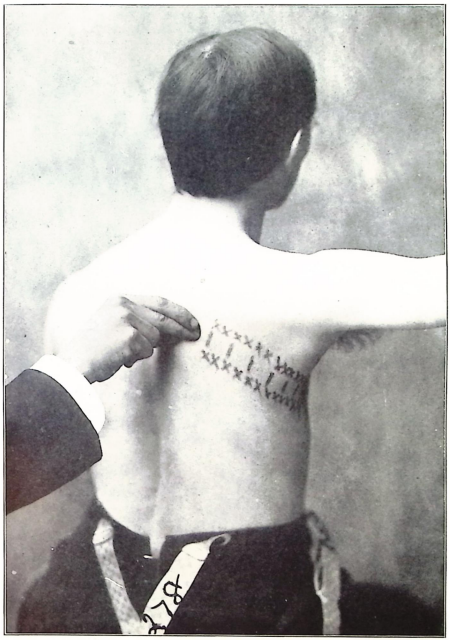


Illustration No. 291.—Seventh point of tenderness on main trunk nerve.

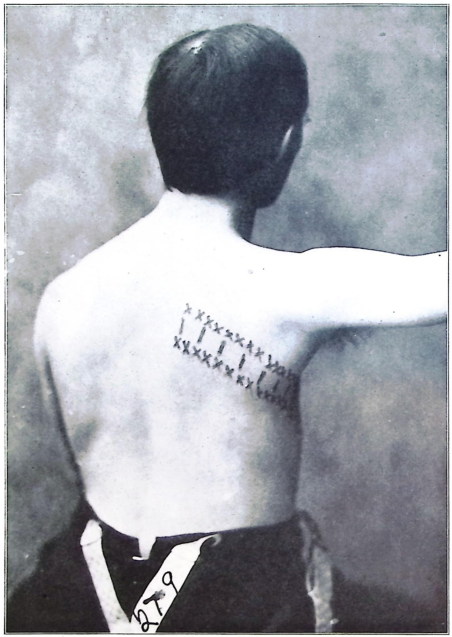


Illustration No. 292.—Seventh line of tenderness on main trunk nerve.

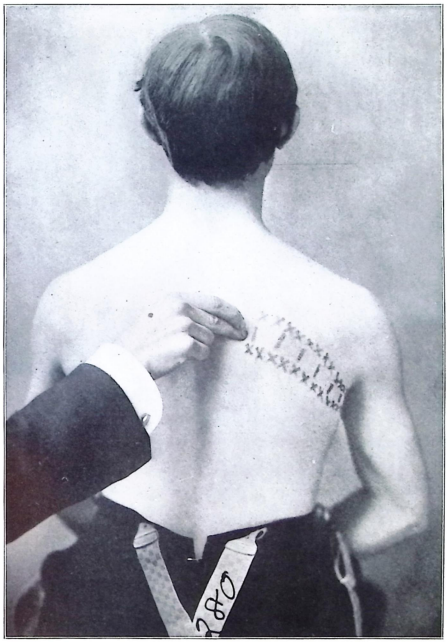


Illustration No. 293.—Eighth point of tenderness on main trunk nerve.



Illustration No. 294.—Eighth line of tenderness on main trunk nerve.

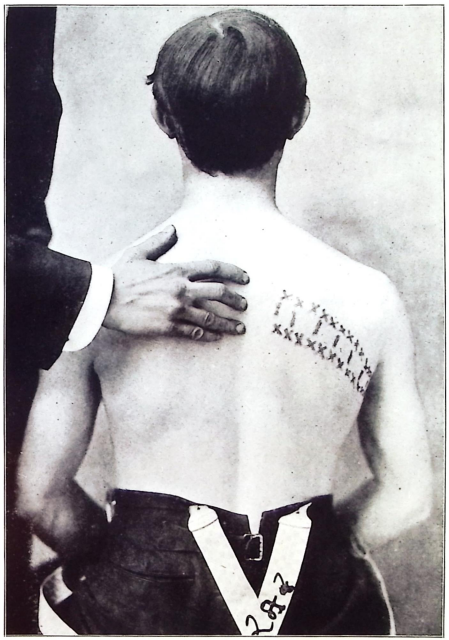


Illustration No. 295.—Three fingers palpating in normal position of third, fourth, fifth dorsal vertebrae.



Illustration No. 296.—Three fingers on same vertebrae during palpating showing right inferior position subluxation.

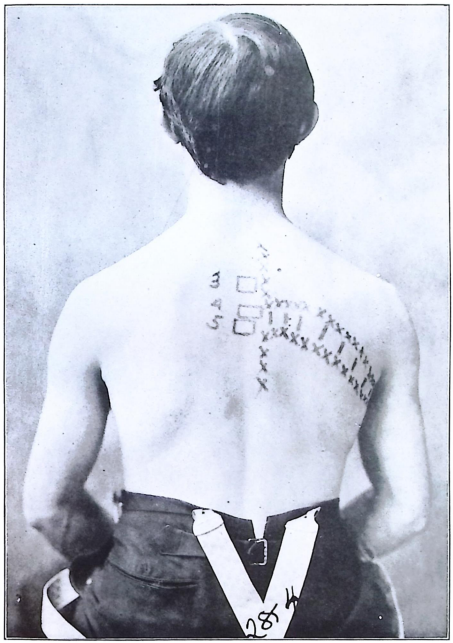


Illustration No. 297.—Showing subluxation as mapped out on back with squares showing right inferior subluxation no further tendernesses were found from above or below in that vicinity.

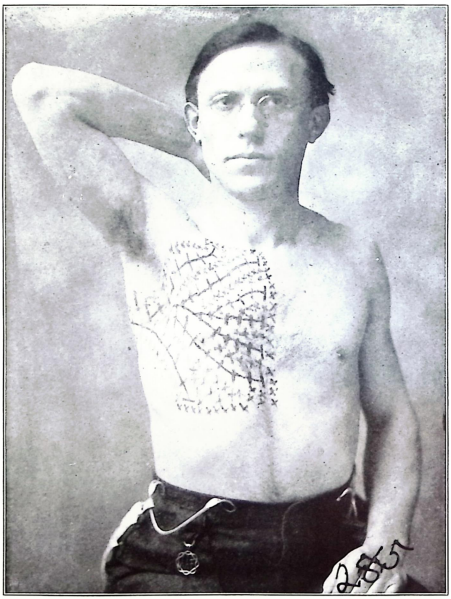


Illustration No. 298.—The completed nerve tracing from the anterior view showing all the cross lines uniting by a continuous fibre.

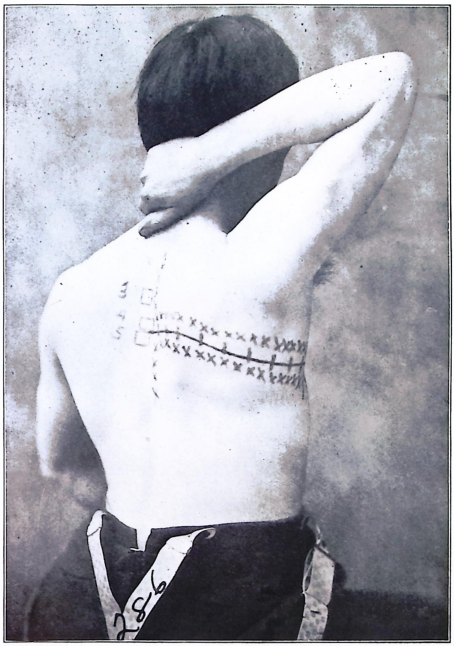


Illustration No. 299.—The same as No. 298, posterior view.

SECTION III

In this section are shown completed tracings of the more simple order.

The process is eliminated here—only the product is reproduced.

Merically speaking, nerve tracing eliminates any possible error in connecting cause with effect or effect with cause.

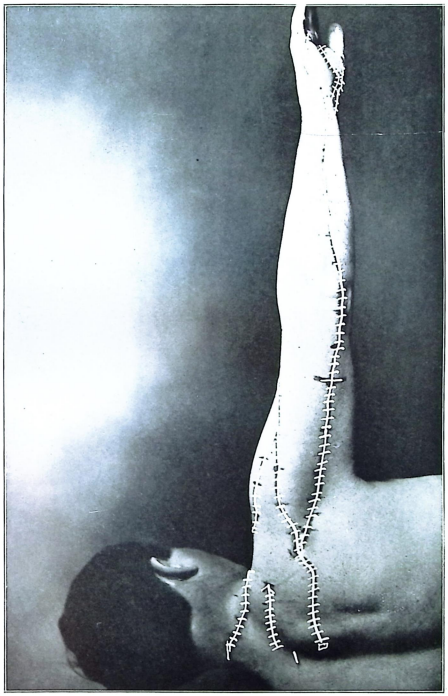


Illustration No. 300.—See description on page 461.

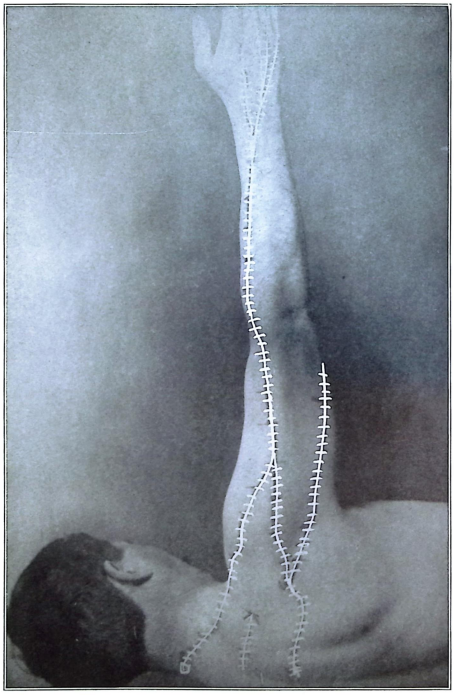


Illustration No. 301.—See description on page 461.

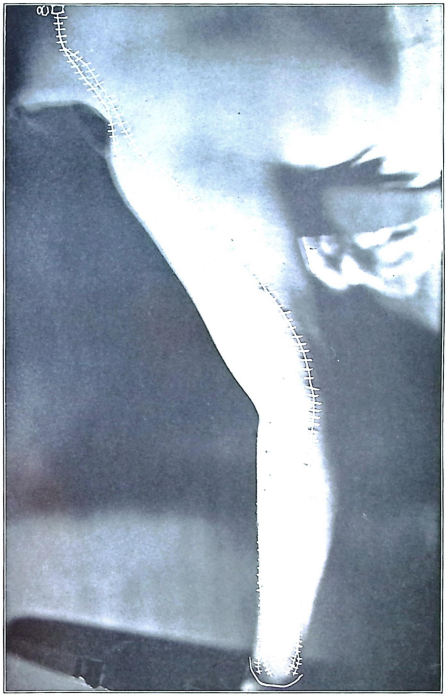


Illustration No. 302.—See description on page 461.

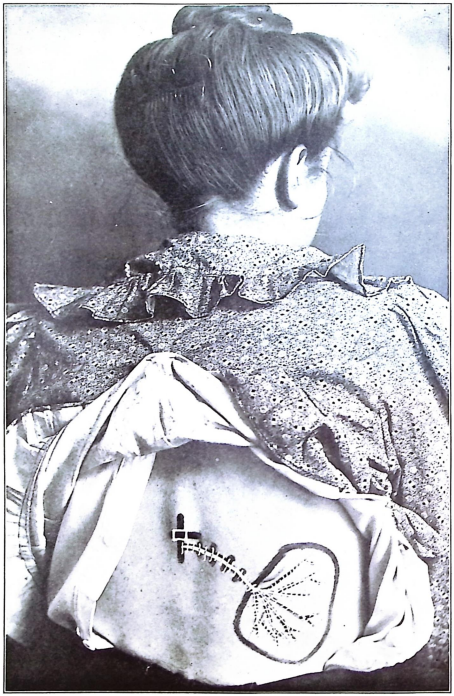


Illustration No. 303.—See description on page 461.

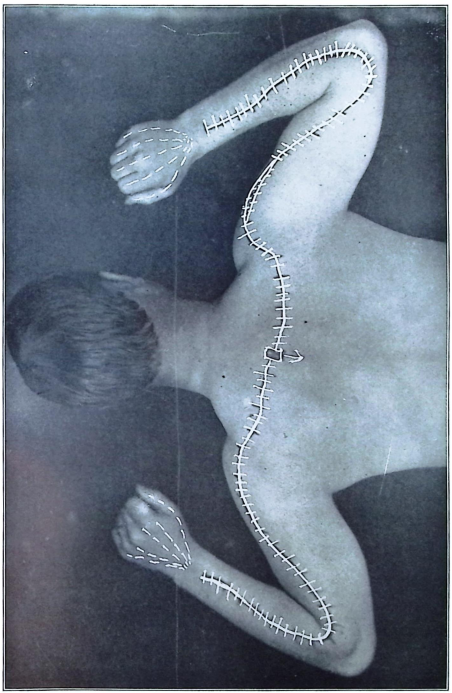


Illustration No. 304.—See description on page 461.



Illustration No. 305.—See description on page 461.

Illustration No. 306.—See description on page 461.



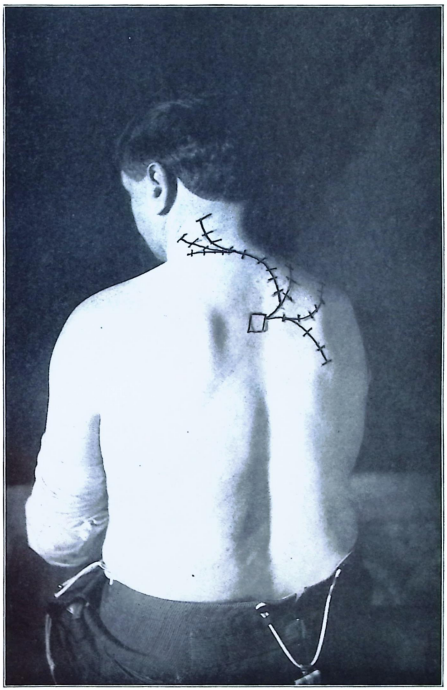


Illustration No. 307.—See description on page 461.

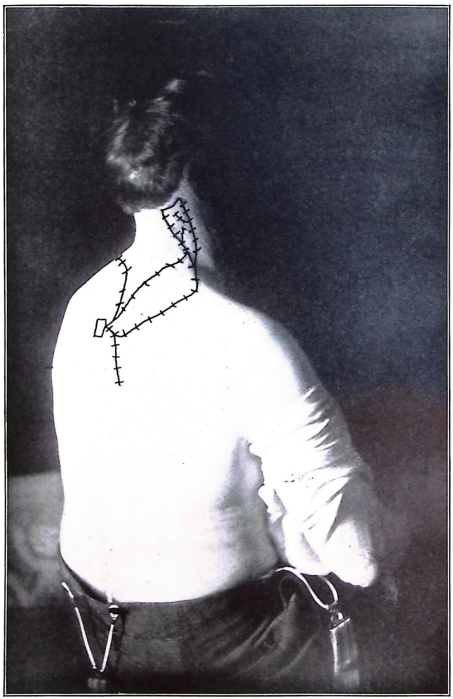


Illustration No. 308.—Mr. N. Right latero view, showing the spreading of fibres and mate to 307.

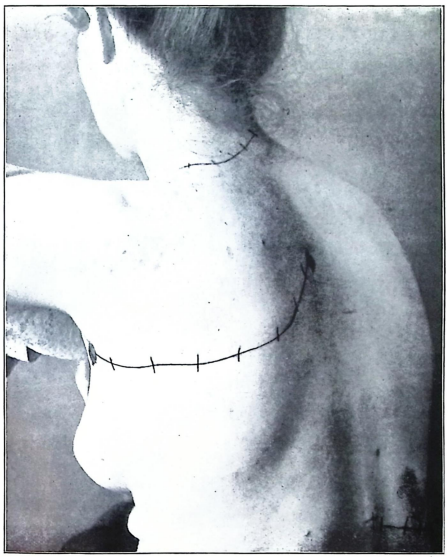


Illustration No. 309.—Mrs. H. This individual has two tumerous growths. One under left axilla and the other on right loin region. This view shows left axilla with the nerves leading out to it from the third dorsal. Pressure upon left side of the vertebra.

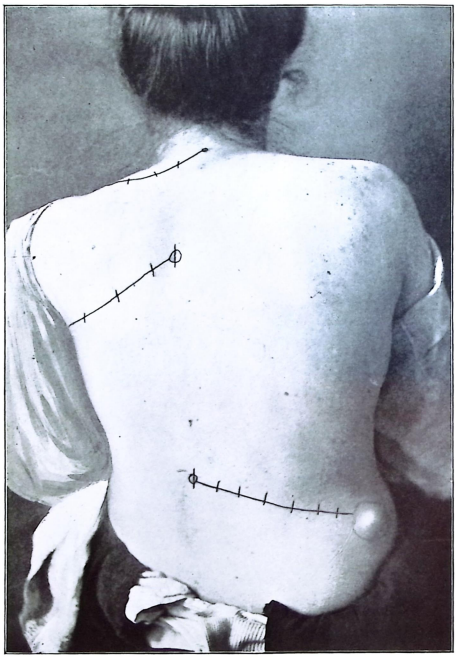


Illustration No. 310.—Mrs. H. Mate to 309. Showing subluxations at first lumbar with pressure upon nerve going to right hip for tumerous growth. Adjustments entirely removed these.

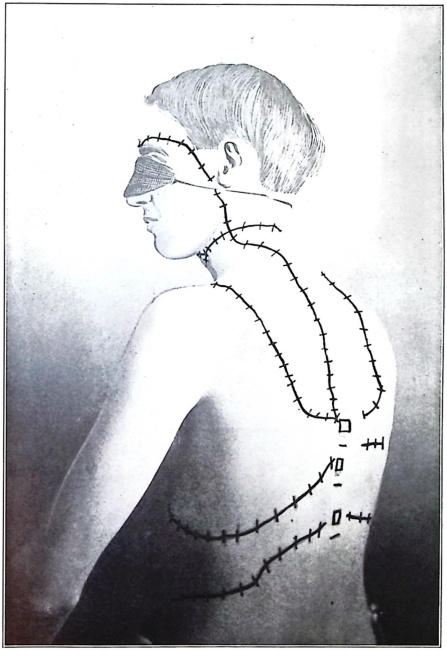


Illustration No. 311.—See description on page 461.

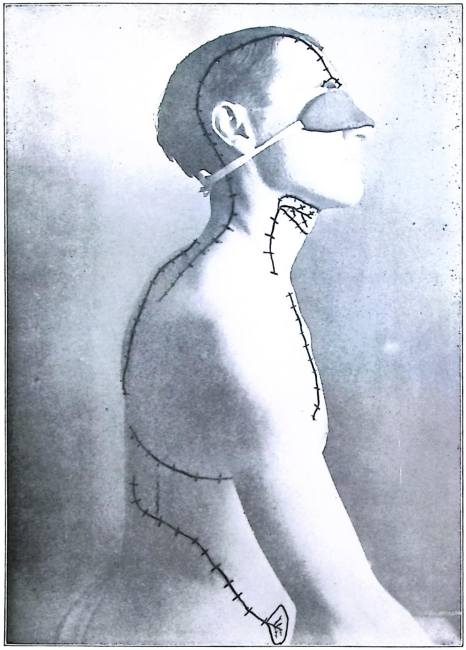


Illustration No. 312.—Mr. D. The center fibre (seen passing under the axilla) is the usual path from S. P. to throat. Gap shows passage under left clavicle.

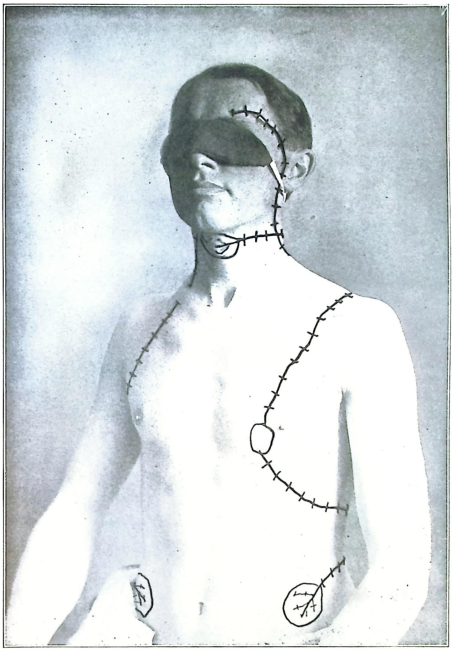


Illustration No. 313.—Mr. D. Anterior view. This illustration shows the leading points of fibres depicted in half-tone cut No. 311.

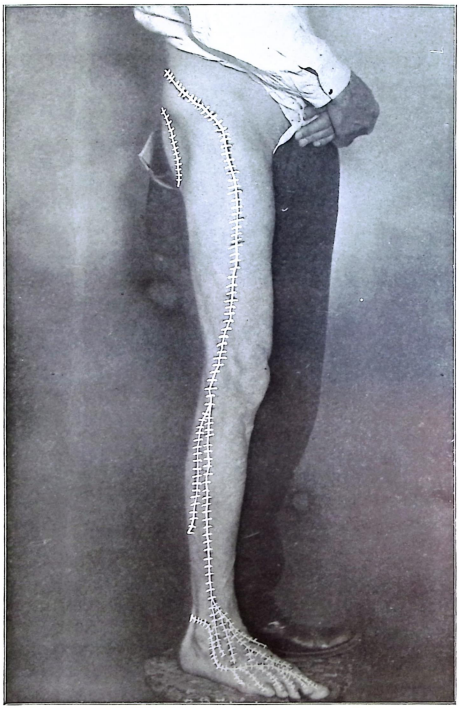


Illustration No. 314.—See description on page 462.

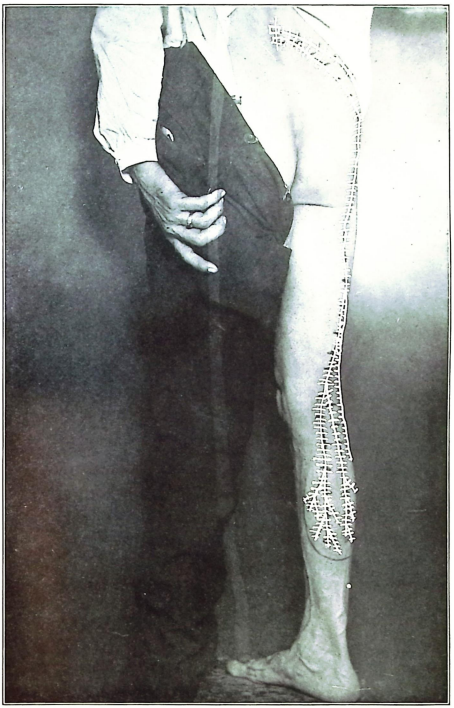


Illustration No. 315.—See description on page 462.

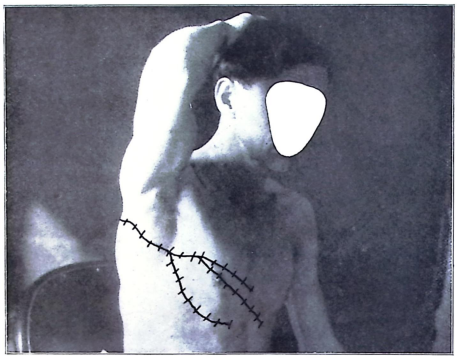


Illustration No. 316.—See description on page 462.

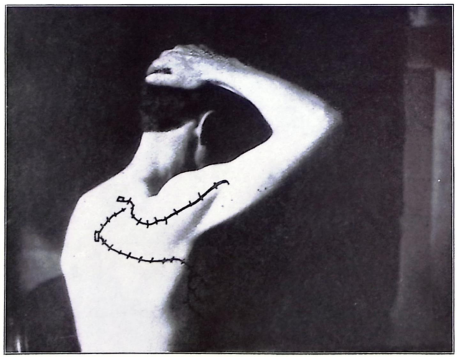


Illustration No. 317.—See description on page 462.

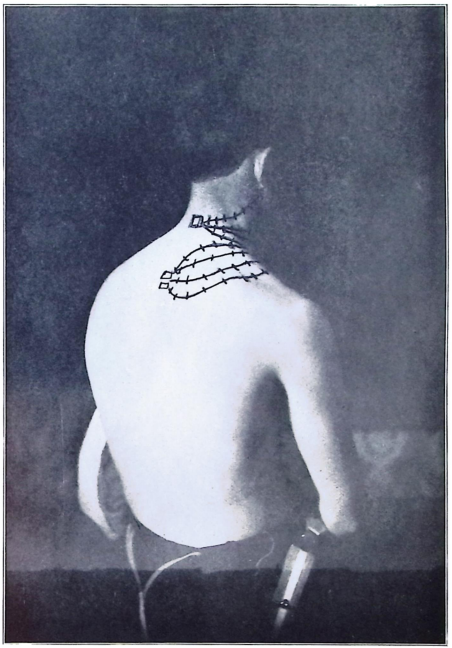


Illustration No. 318.—See description on page 462.

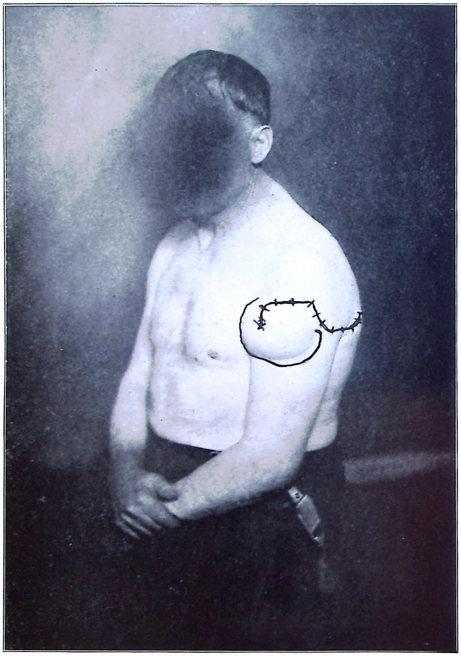


Illustration No. 319.—Mr. N. Anterior view. Notice growth on left shoulder. This was a fatty origin. His entire arm was weak and lame. Photograph shows tracing of a fibre made to the core of this growth.

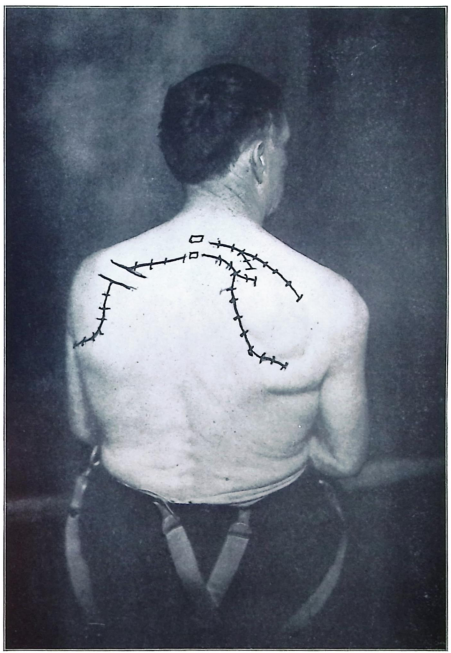


Illustration No. 320.—Mr. N. Posterior view on right side shows pressure upon nerves that lead direct to right shoulder. On left side shows fibres going direct to another growth that he has there of the same consistency and character; three months adjustments and both of these have gone.

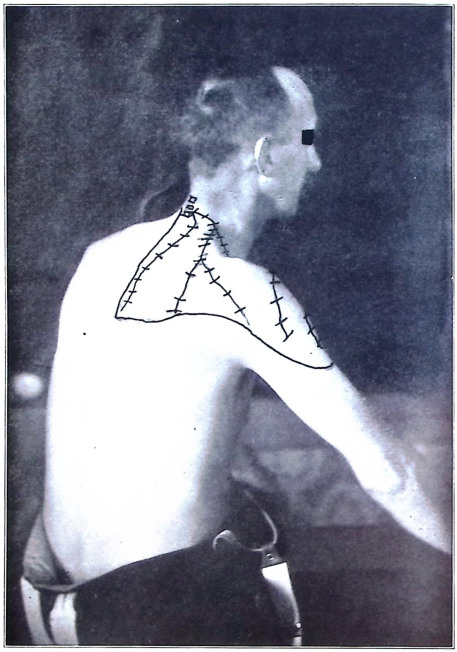


Illustration No. 321.—Mr. I. Posterior view. Neuralgia of shoulder. Intense shooting pain, illustration shows the area well outlined and then that several fibres, from sixth cervical, go to and supply this entire district. Rather unique as to place of distribution.

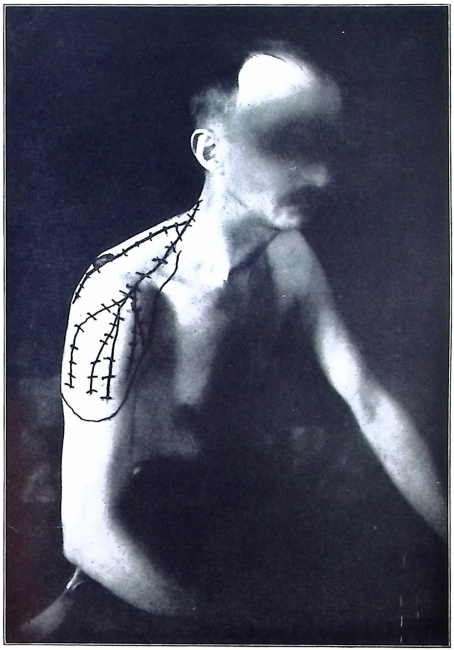


Illustration No. 322.—Mr. I. Anterior view, mate to 321.

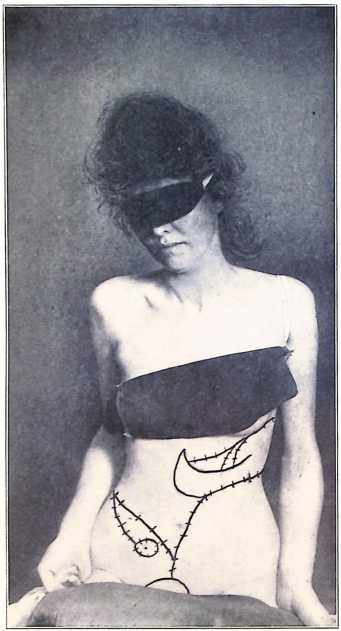


Illustration No. 323.—Miss C. Anterior view right side shows fibres leading to appendix, which was highly inflamed; also the division of the same at a higher point in it was to the right lateral half of bladder. The superior fibre on patient's left shows branching going to spleen, which is roughly mapped. Spleen excreted enormous flow of gastric juice. Lower fibre went to bladder, which was prolapsed and inflamed.

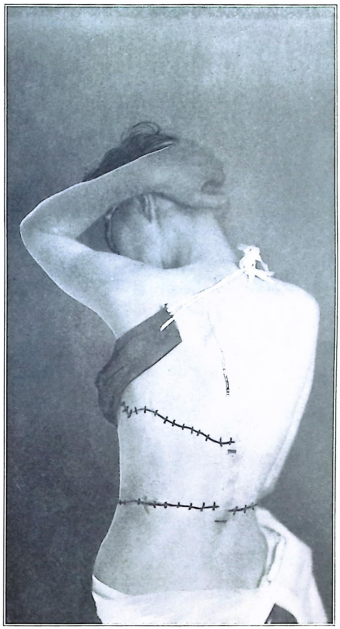


Illustration No. 324.—Miss C. Posterior view. The superior fibre on patient's left went to spleen. The lower showing both branches of the bladder nerve.

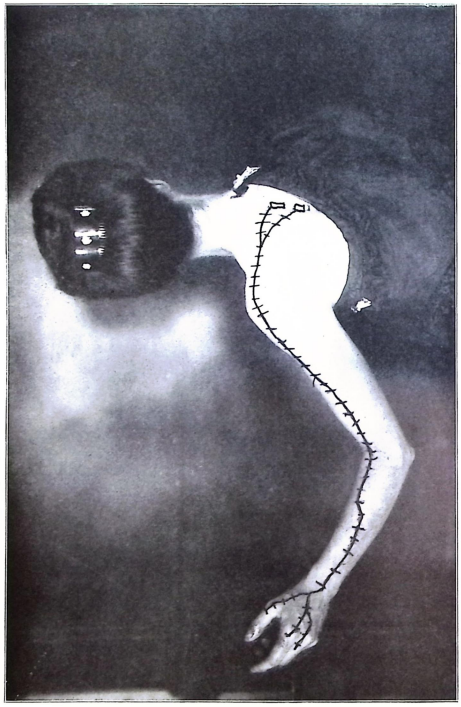


Illustration No. 325.—See description on page 462.



Illustration No. 326—See description on page 462.

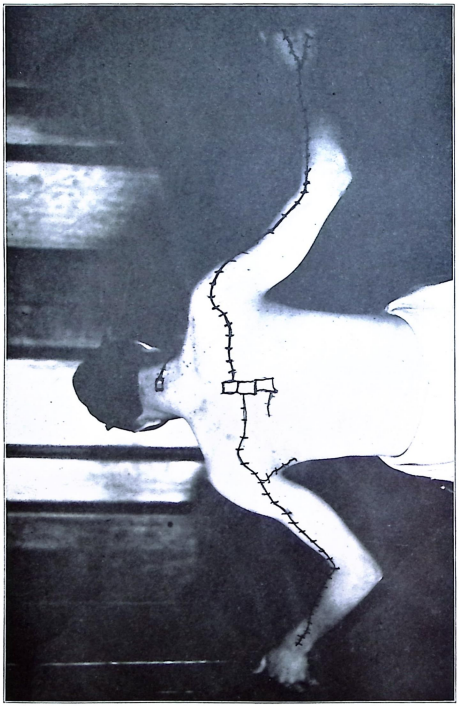


Illustration No. 327.—See description on page 462.



Illustration No. 328.—Mrs. K. Posterior view. Subluxation at S. P. showing that famous nerve leading from S. P., passing under inferior portion of the scapula and thence under scapula.



Illustration No. 329.—Mrs. K. Anterior view. Showing nerve coming up from under the axilla thence passing under the clavicle, the right submaxillary gland, which was sore, tender and much inflamed.

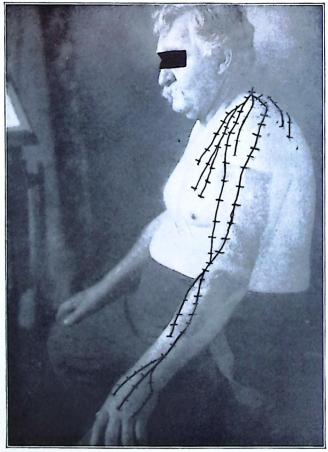


Illustration No. 330.—See description on page 462.



Illustration No. 331.—See description on page 462.

Illustration No.332.—See description on page 463.

Illustration No.333.—See description on page 463.

Illustration No. 335.—See description on page 463.

Illustration No. 334.—See description on page 463.

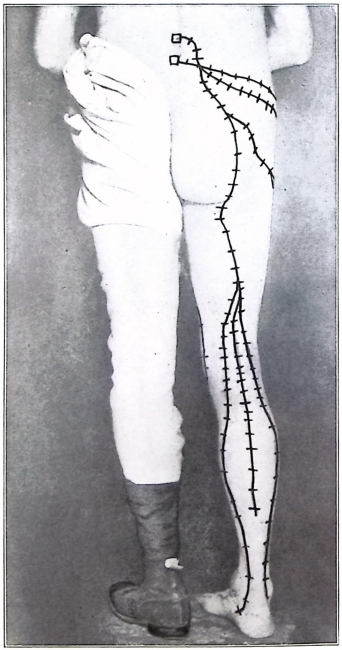


Illustration No. 336.—Dr. Q. Rear view. The inferior nerve was traced directly to a right inguinal hernia, as shown in illustration No. 337, the inferior branch emitting at the same foramina, going to the inner region of the thigh and interior groin. The superior nerve being the commonly called great sciatica nerve. This individual has sciatic rheumatism. This cut showing the rear view of that nerve, as traced.

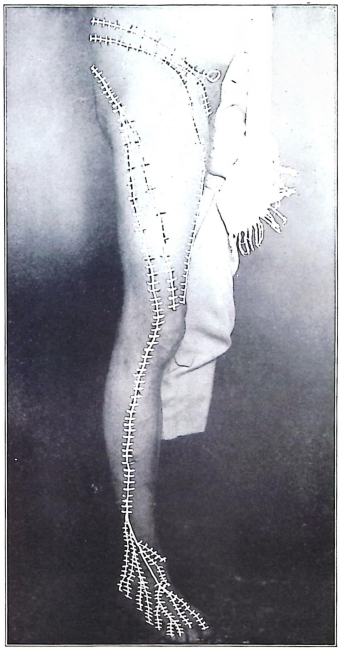


Illustration No. 337.—Dr. Q. Right lateral view. Superior nerve on right side leads to small region under jaw. The second nerve (from above downward) shown left side going to pit of stomach. Right side goes to throat over posterior region of back. This is an unusual course. The next nerve leads to two sore spots on left side. The next shows going to region of kidney on right side. This is a very careful tracing. The next below on right side, was the main branch of the great leg nerve. The lowest ran direct to a right inguinal hernia.



Illustration No. 338.—Dr. Q. Anterior view. Showing fibres on side of leg, and branching to toes of the great sciatic nerve.

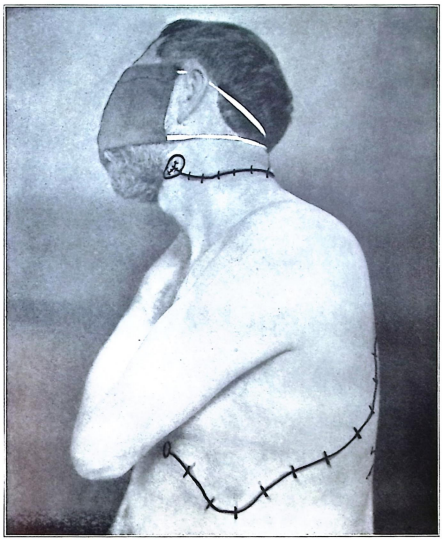


Illustration No. 339.—Dr. Q. Left lateral view. An anterior nerve going to pit of stomach. Superior nerve going to left side of larynx.



Illustration No. 340.—See description on page 463.



Illustration No. 341.—Mrs. E. Posterior view. Showing origin of nerve which leads direct to right breast. Lower line showing relative position between subluxation and spinous processes.

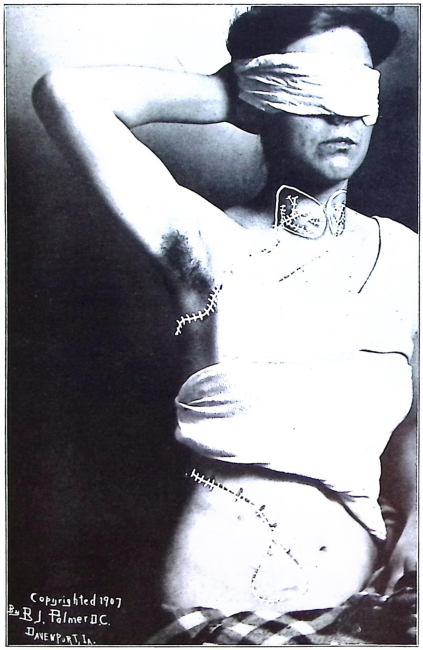


Illustration No. 342.—Miss I. Anterior view. This photo shows continuation of center fibre running to the anterior of superior right chest where it branches into two fibres. The left one passed under clavicle at "A," going to and terminating into left goitre. The right branch ended at right goitre. The lines within the circle shows the minute branches and their peripheral endings. The lower tracing was going to the appendix. This case has had several attacks of pronounced appendicitis, minus the operation. The locations are prominent and clear.



Illustration No. 343.—Miss I. Posterior view of back and left lateral of face and neck. The superior tracing was for neuralgia of left eye and temple. Palpation started on fifth cervical and termination was into three peripherals. Center tracing on right, was from S. P. cross showing point of spinous process, with nerve emanating superior to that. The inferior tracing shows starting at "P. P." or second lumbar leading to the front.

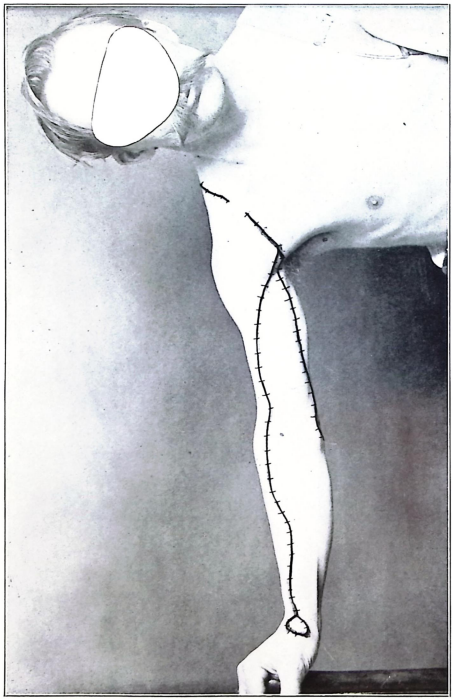


Illustration No. 344.—See description on page 463.



Illustration No. 345.—See description on page 463.



Illustration No. 346.—See description on page 463.



Illustration No. 347.—See description on page 463.

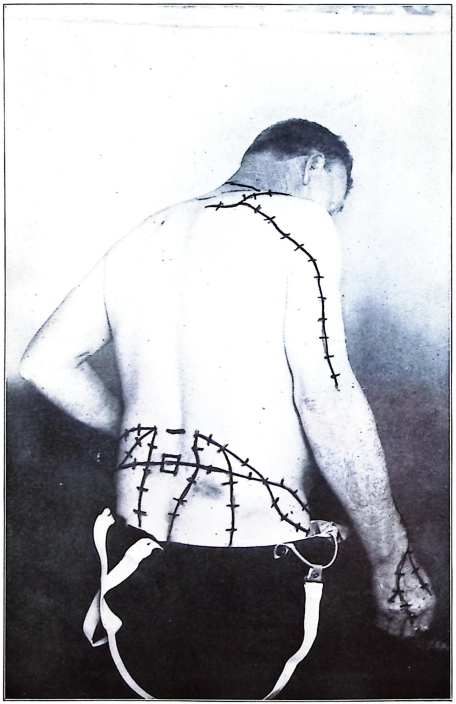


Illustration No. 348.—See description on page 463.



Illustration No. 349.—See description on page 463.

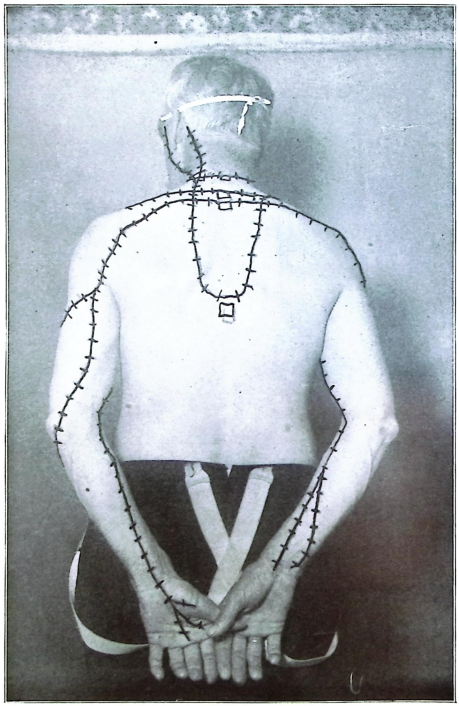


Illustration No. 350.—See description on pages 463, 464.

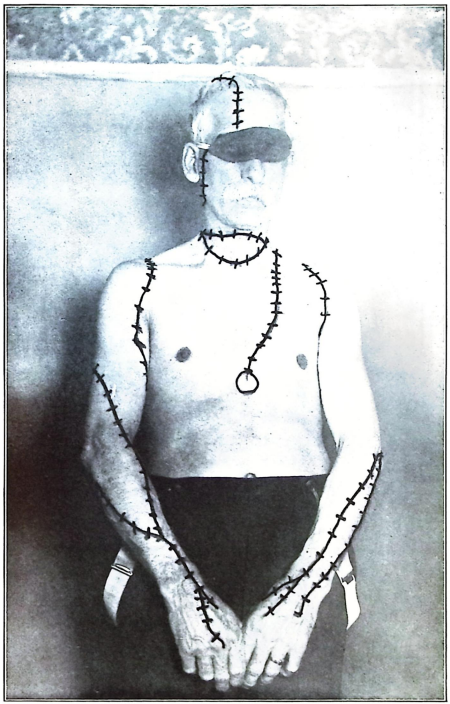


Illustration No. 351.—See description on page 464.

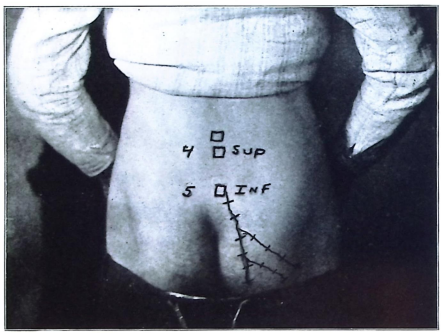


Illustration No. 352.—Mr. O. Posterior inferior subluxation of fifth lumbar. Injured while carrying a stove upstairs. Lame back, lumbago, and lame right hip from that time until adjustment was given. Relief was had immediately and after one week's adjustments was well.

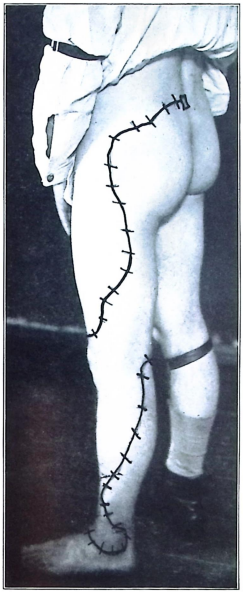
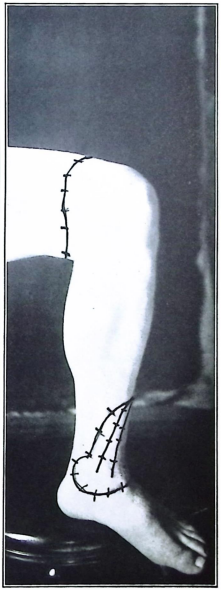


Illustration No. 353.—See description on page 464.

Illustration No. 354.—See description on page 464.



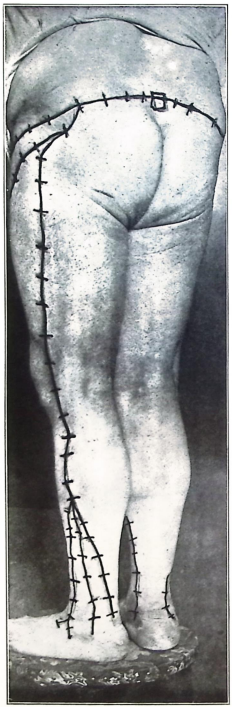


Illustration No. 355.—Mr. H. Posterior view. Subluxation at fifth lumbar. Shows fibres impinged upon both sides.

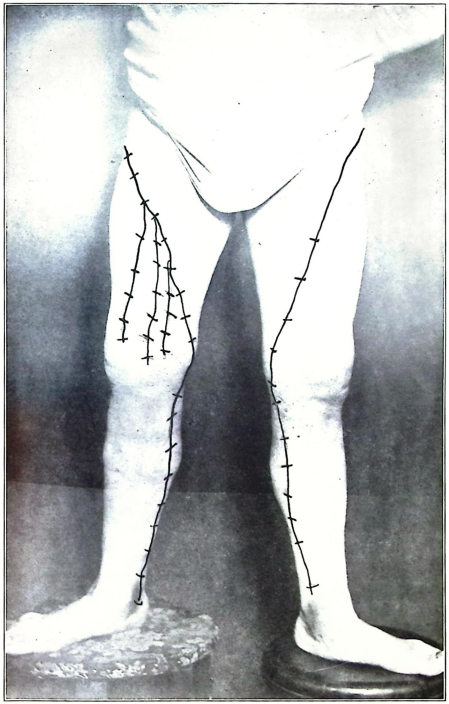


Illustration No. 356.—Mr. H. Anterior view. Showing how the fibres will separate and branch into the thigh on the right side and continue unbroken on the left side.

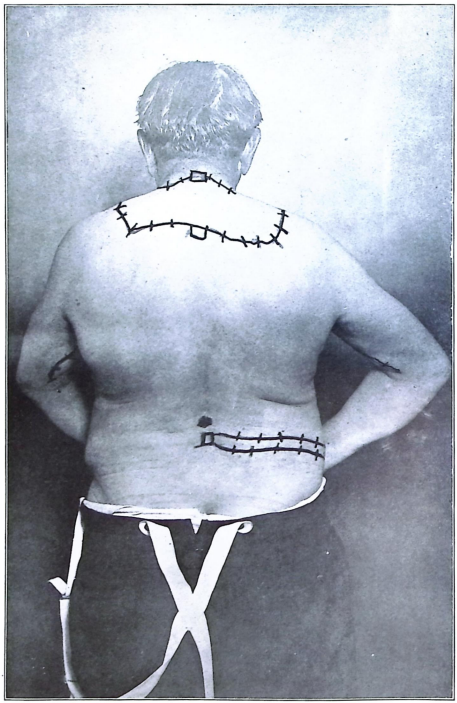


Illustration No. 357.—See description on page 464.

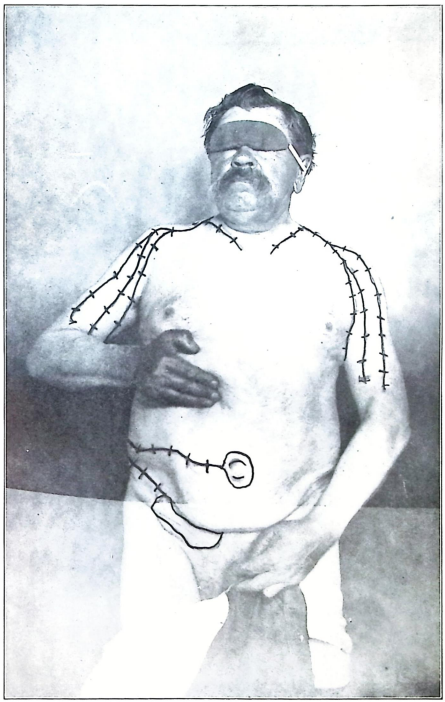


Illustration No. 358.—Mr. H. Anterior view. See 357.

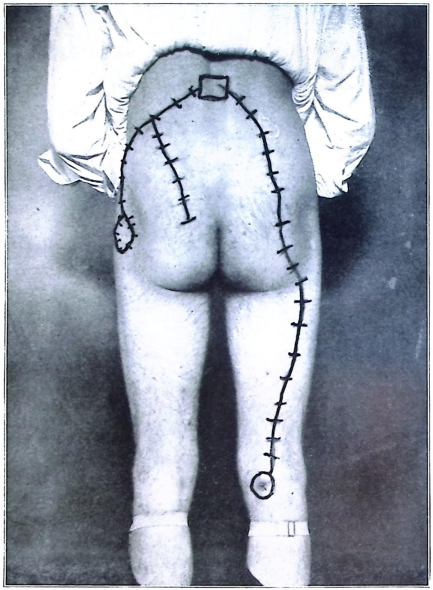


Illustration No. 359.—Dr. Q. Posterior view. Subluxation at third lumbar producing pressures upon both sides. The one on the left leads to a lame hip joint, and a sore buttock. The individual had a fall with the above following abnormal result. One adjustment fixed them all, as it was acute.

Illustration No. 361.—See description on page 464.

Illustration No. 360.—See description on page 464.

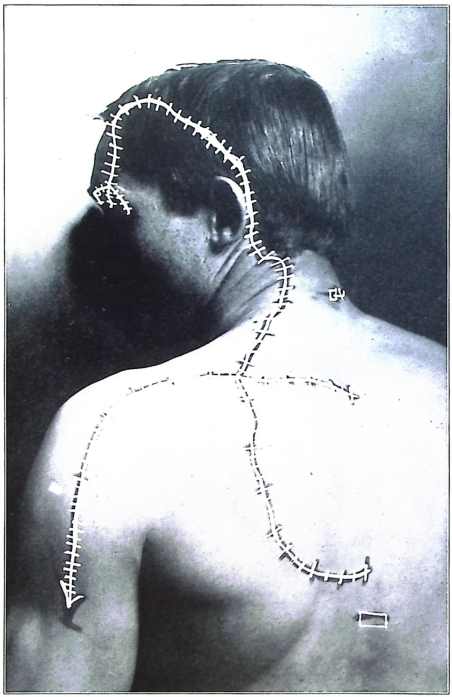


Illustration No. 362.—See description on page 464.

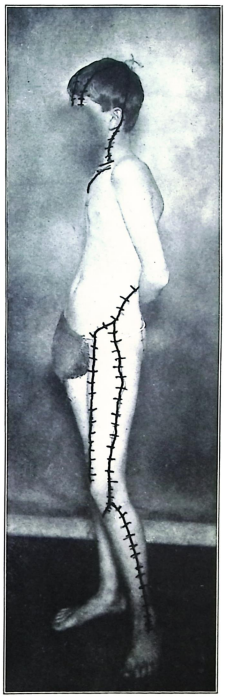


Illustration No. 363.—Mr. N. Had rheumatism of the left leg. Note division of main nerve. The position of standing shows adaptation to the pain.



Illustration No. 364.—See description on page 464.

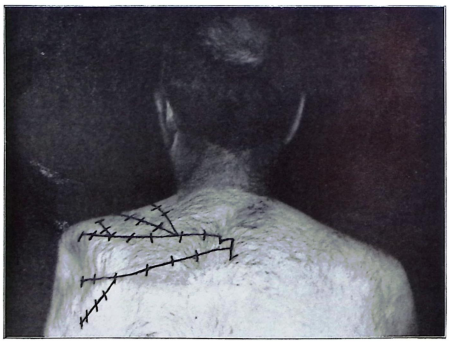


Illustration No. 365.—See description on page 464.

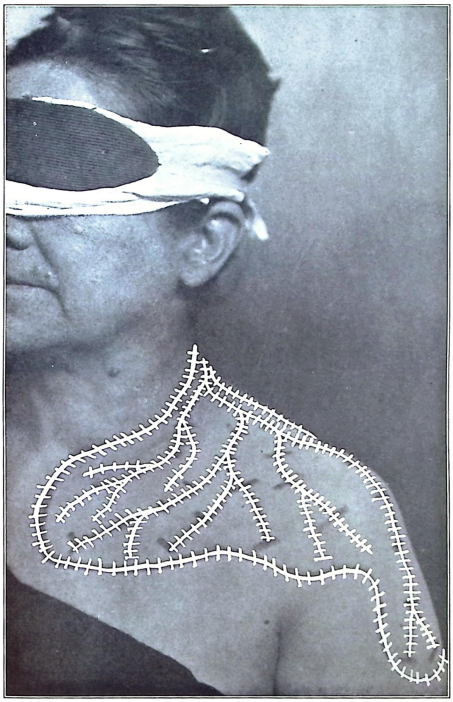


Illustration No. 366 -- See description on page 465.



Illustration No. 367.—See description on page 465.

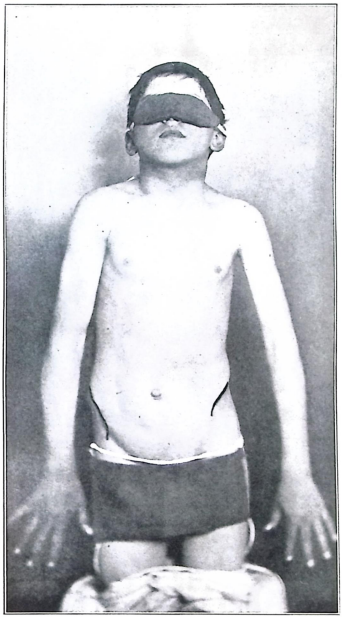


Illustration No. 368.—Mr. K. Anterior view. Case of unilateral paralysis commonly known as homiplegia. Notice a symetry on both sides.

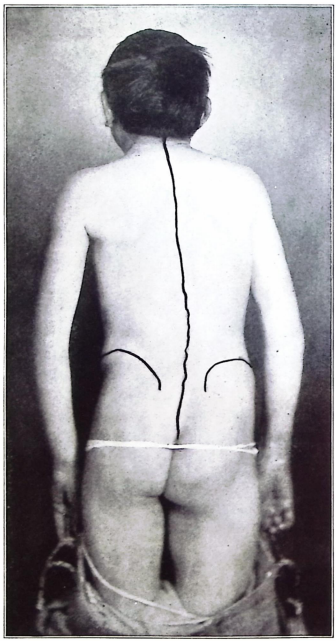


Illustration No. 369.—Mr. K. Posterior view.
See description of 368.

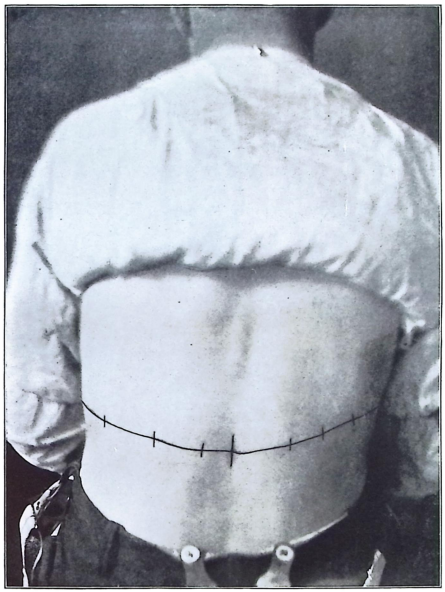


Illustration No. 370.—Mr. X. Rear view. Tracing continued and located at intervertebral foramina between second and third lumbar. "U. P. P." one adjustment immediately stopped cramps and pain.

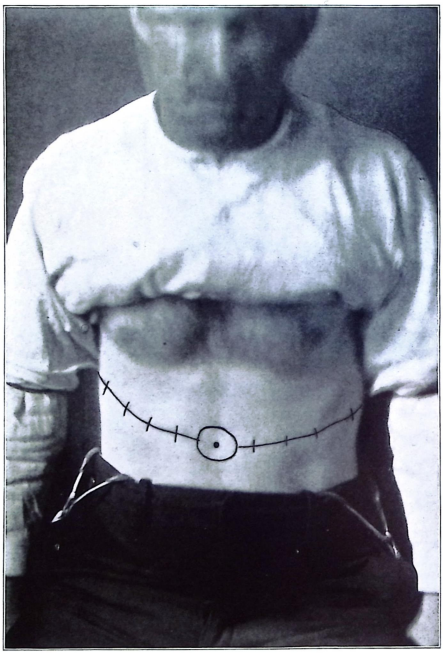


Illustration No. 371.—Mr. X. Abdominal cramps and intense pain at circle. Tenderness at each cross line. Traced both sides. Half-tone (370) is rear view, same case.



Illustration No. 372.—Mrs. G. Anterior view. Patient had general rheumatism of entire chest and upper shoulder region, also entire arms involved. General inflammation of all joints. Fingers show enlargement due to general deposits of urate of soda. Every cross line shows points to where the original path of the nerve was followed.



Illustration No. 373.—See description on page 465.

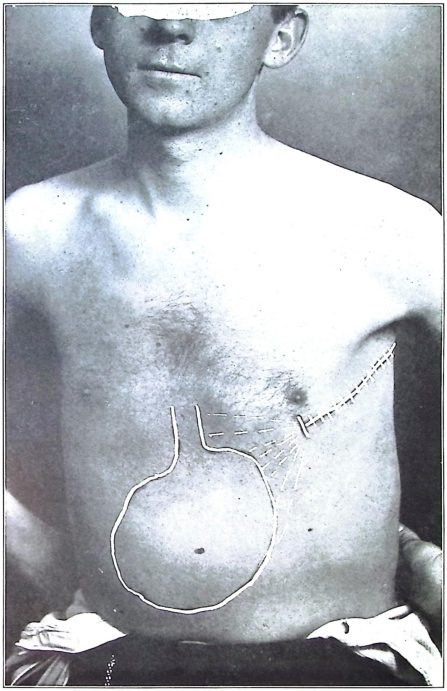


Illustration No. 374.—See description on page 465.



Illustration No. 375.—Mr. M. Posterior view. Showing origin of stomach nerves on left side of "S. P." The open gap was made where it passed under the inferior portion of the blade of the scapula, but was easily found on opposite. Lower line indicates comparative differences in space where nerve enters and its spinous process.



Illustration No. 376.—See description on page 465.



Illustration No. 377.—See description on page 465.

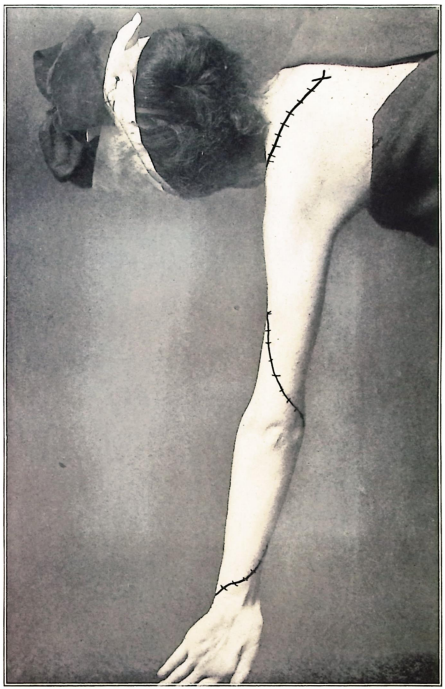


Illustration No. 378.—See description on page 465.

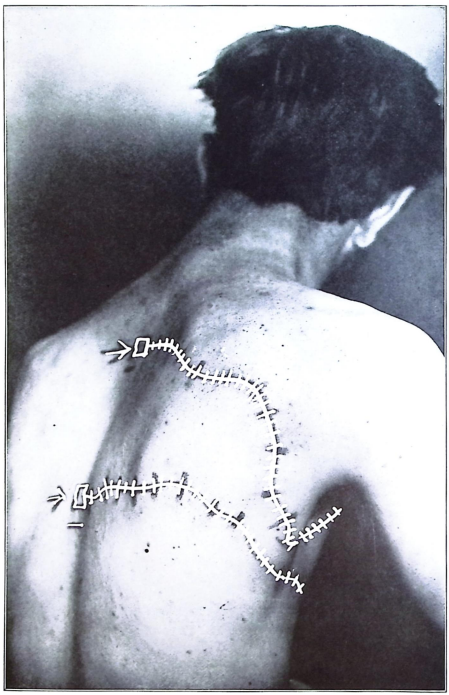


Illustration No. 379.—See description on page 465.

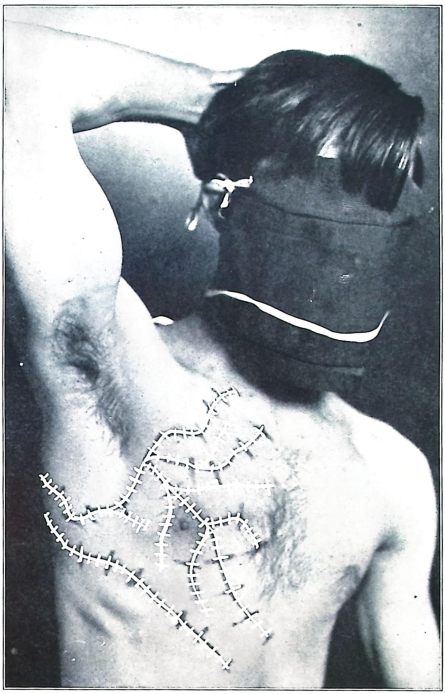


Illustration No. 380.—See description on page 465.



Illustration No. 381.—Miss H. Anterior view. Circle on right chest indicates point of small nodular growth. Tender and painful. Compare with 382.

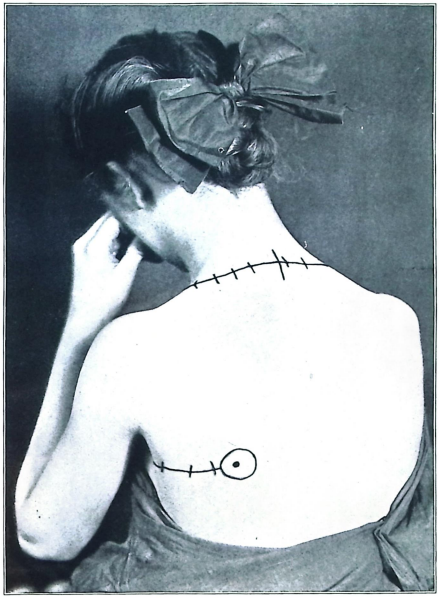


Illustration No. 382.—Miss H. Rear view. Showing first dorsal which was subluxated from which nerves were traced, on left, to nodule in left lumbar region to anterior or chest, as shown in half-tone 381.

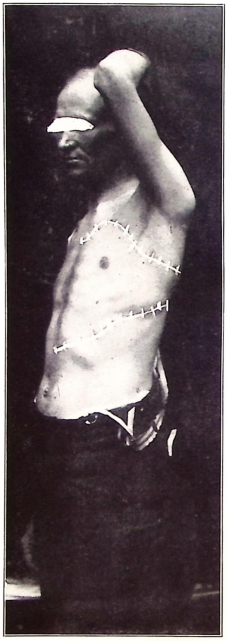
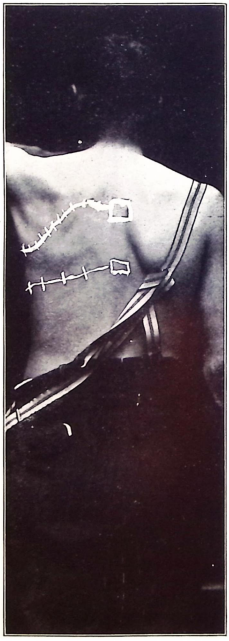


Illustration No. 383.—See description on page 465.

Illustration No. 384.—See description on page 465.



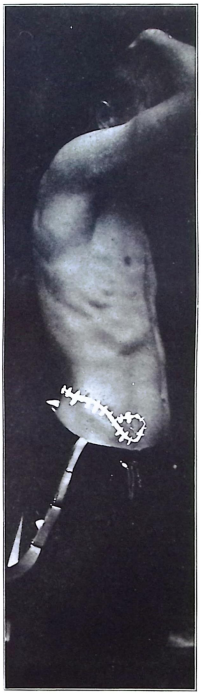


Illustration No. 385.—See description on page 465.

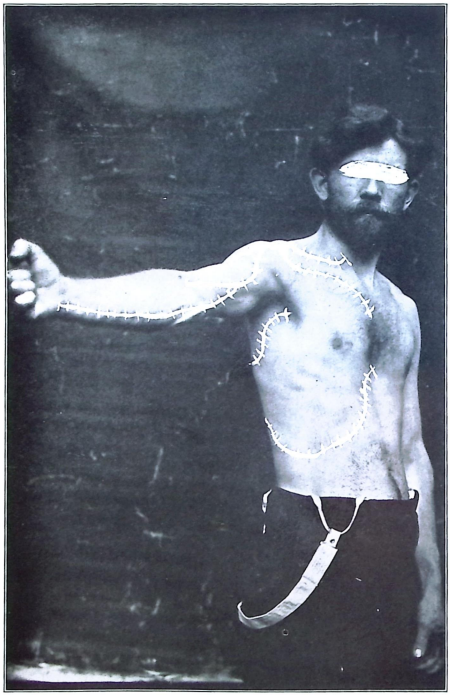


Illustration No. 386.—See description on page 466.

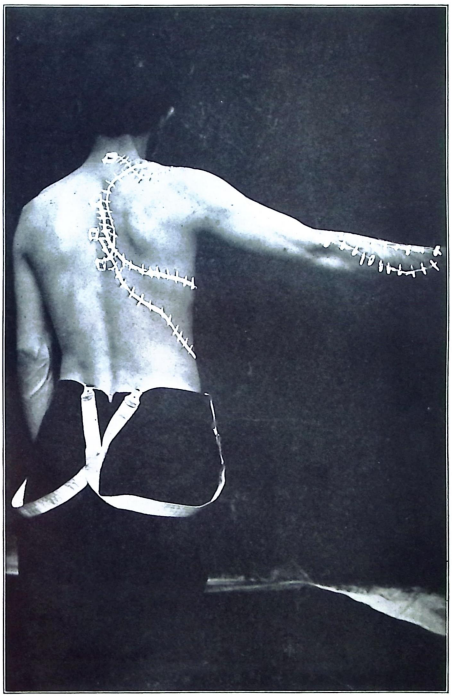


Illustration No. 387.—See description on page 466.



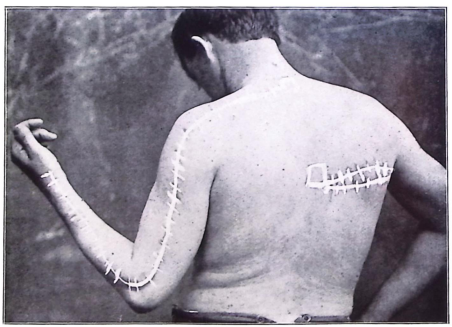


Illustration No. 388.—Dr. X. Tracing boil on left hand. Cause to effect. Traced from first dorsal superficially over accromian process of scapula and down the outer surface of arm and along the anterior border of radius to the boil situated over the trapezium. Subluxation left superior posterior left view.

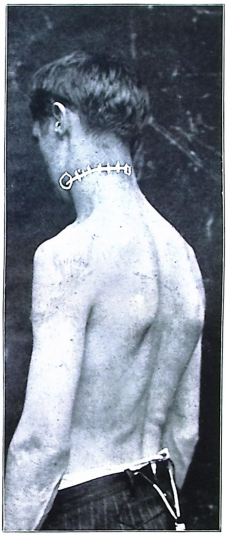


Illustration No. 389.—Mr. S. Boil on left side of neck. Left view. Traced directly and superficially from fourth cervical.



Illustration No. 390.—See description on page 466.

Illustration No. 391.—Posterior view. See 390.

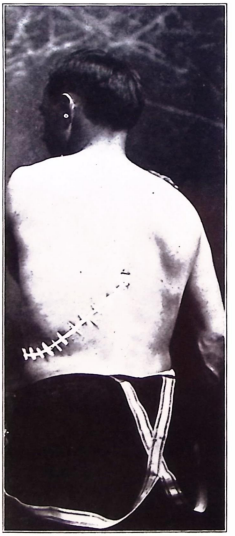




Illustration No. 392.—See description on page 466.

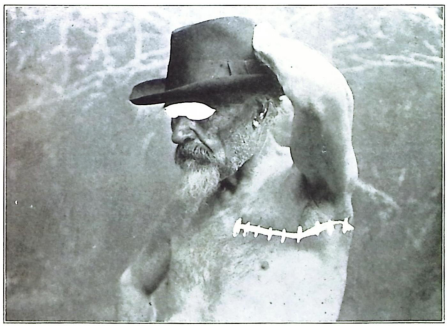


Illustration No. 393.—See description on page 466.

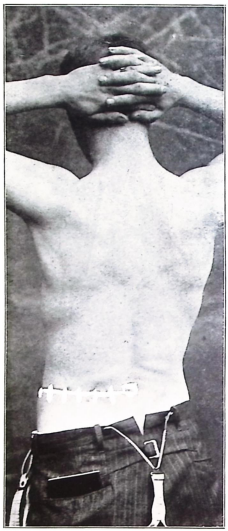
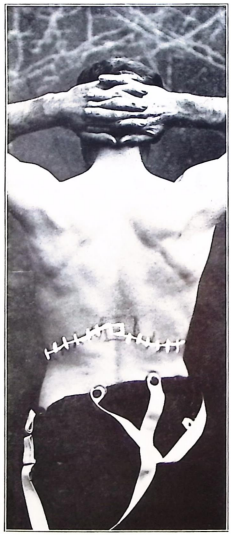


Illustration No. 394.—Mr. E. K. S. Tenderness in abdomen on left side. Traced from the third lumbar to the left over the ilium to about 2 inches from the umbilicous.

Illustration No. 395.—See description on page 466.



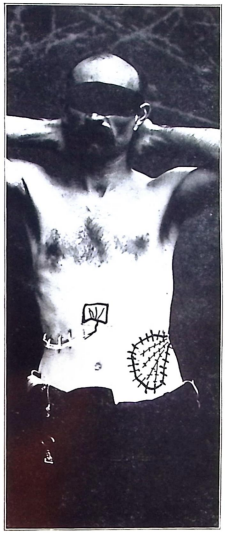
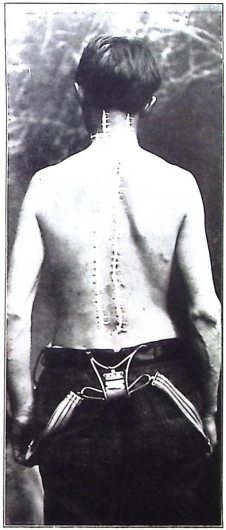


Illustration No. 396.—Mr. M. Notice the location of the fibres in this case. Both are low.

Illustration No. 397.—See description on page 466.



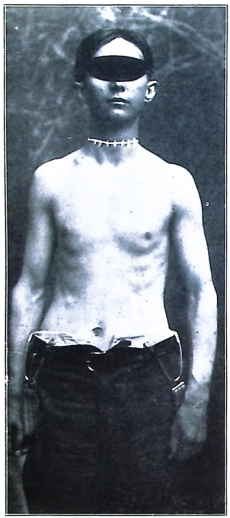


Illustration No. 398.—Mr. B. Anterior view showing the deposition or path of the fibres in the neck.

Illustration No. 399.—See description on page 467.

Illustration No. 400.—See description on page 467.

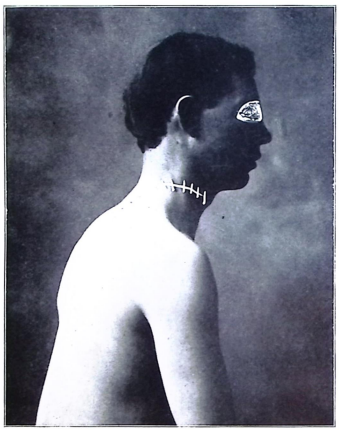


Illustration No. 401.—Mr. B. X. B. Throat trouble. Rear lateral view.



Illustration No. 402.—See description on page 467.

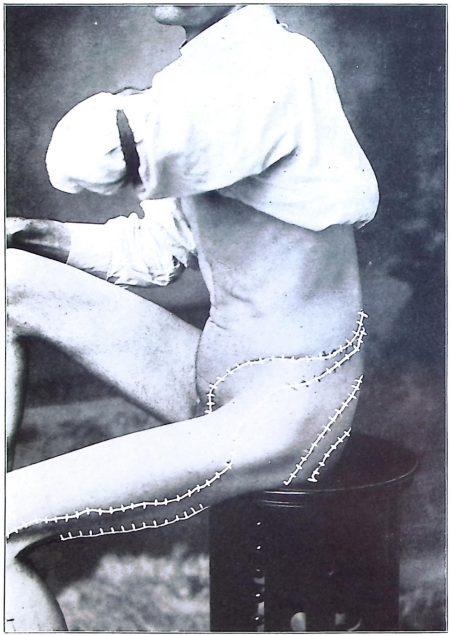


Illustration No. 403.—Left side of body showing tracings to penis and testicle and also the lower legs.



Illustration No. 404.—Showing the fibres as they run down the calves of the legs and under the balls of the feet.

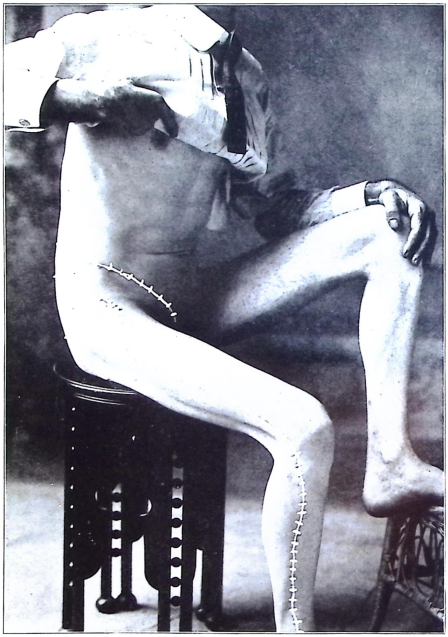


Illustration No. 405.—Mr. I. Showing tracings to the penis and down the right leg.

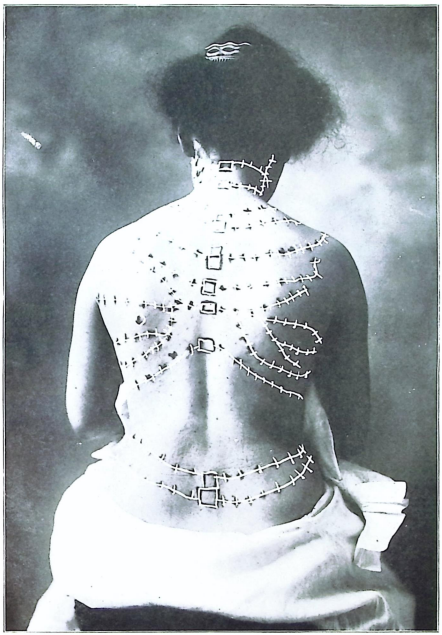


Illustration No. 406.—See description on page 467.

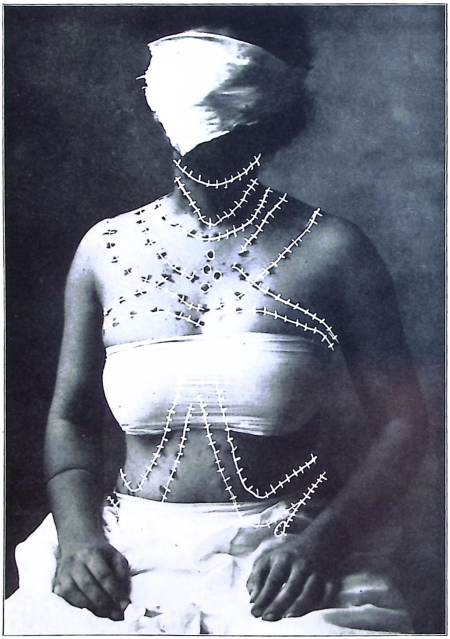


Illustration No. 407.—See description on page 467.



Illustration No. 408.—Miss I. C. Lame in right limb. From P. P. to right thigh and down right leg. Starts from P. P., traced to back of ilium to hip, then obliquely to inside of thigh, then curves around to under side of thigh, under popliteal space to outer side of leg, down to just a little above the ankle. Posterior view.



Illustration No. 409.—Showing the peculiar turns of the fibre in running down the left leg.



Illustration No. 410.—Showing the peculiar turnings on the inside of the thigh.

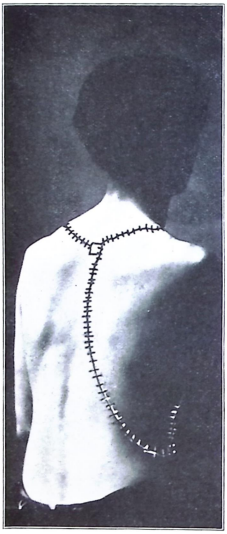


Illustration No. 411.—See description on page 467.

Illustration No. 412.—See description on page 467.

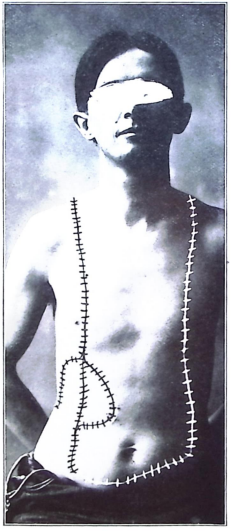


Illustration No. 413.—See description on page 467.

Illustration No. 414.—See description on page 468.

Illustration No. 415.—See description on page 468.

Illustration No. 416.—See description on page 468.



Illustration No. 417.— Mr. T. Severe affection of the nose. Left side view showing the path of the nerve from the nose up over the ear and back down to the axis cervical.

Illustration No. 418. — Left posterior view showing the rear path of the same nerve.

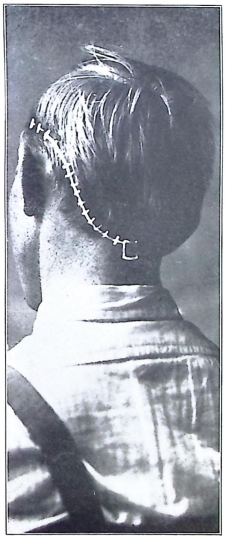


Illustration No. 419.—See description on page 468.

Illustration No. 420.—See description on page 468.



Illustration No. 421.—Mr. N. Pains on lower legs. Rear view. Showing the hips and course of fibres from between fourth and fifth lumbar vertebrae. Starting from the fifth metatarsal bone of the right limb, the fibre led up the foot over the anterior of leg under poplitael space, crossing on the left up the inner side of the thigh under the hip to the place mentioned.



Illustration No. 422.—Second fibre starting from fourth metatarsal, proceeding upward on foot around external malelous up the posterior of leg, under posterior of thigh, up the buttock to the subluxation between fourth and fifth lumbar.



Illustration No. 423.—Third fibre starts on planter surface of foot, then upward posterior to internal malelous, up the inner side of leg and thigh to buttock, then crossing under the hip to sacrum.

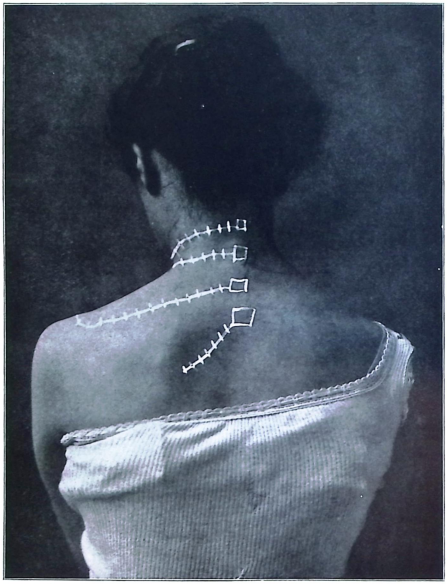


Illustration 424.—Mrs. N. Posterior view. We have tried the origin of four different fibres. Notice the proximity of subluxations. The mate to this negative was broken, therefore the periphery of those fibres have been lost. The superior one, though, led to the upper clavicle region. The next lower to the same region, only lower, and the third fibre from above downward, led to the arm and lower just where you see it.



Illustration No. 425.—See description on page 468.

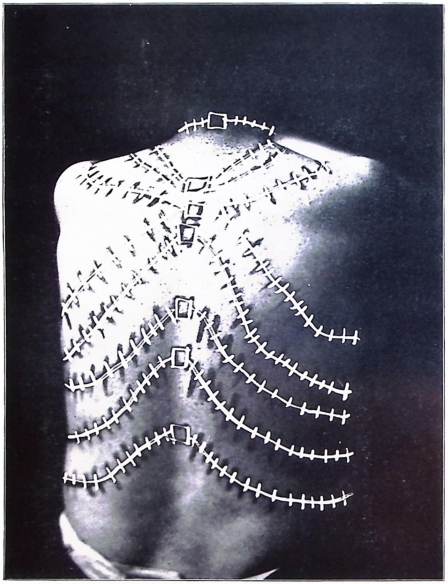


Illustration No. 426.—Companion to 425.
See description on page 468.

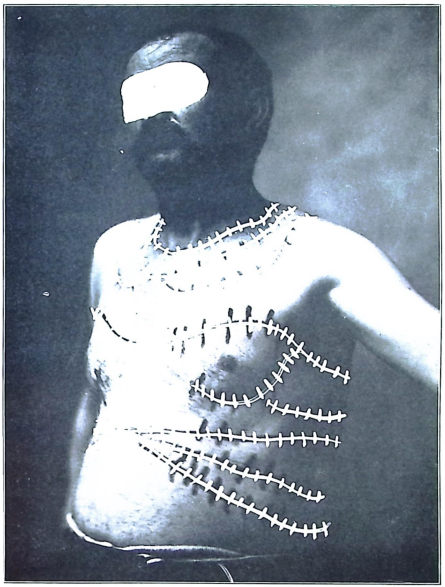


Illustration No. 427.—Mr. N. Anterior left view. Notice the zones and how they run together, on the anterior.

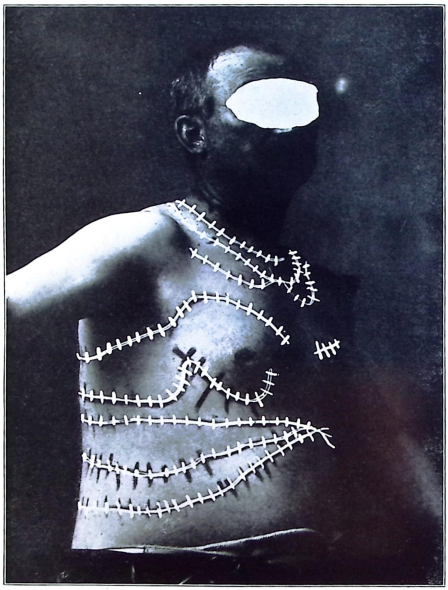


Illustration No. 428.—Anterior right view of Mr. N.

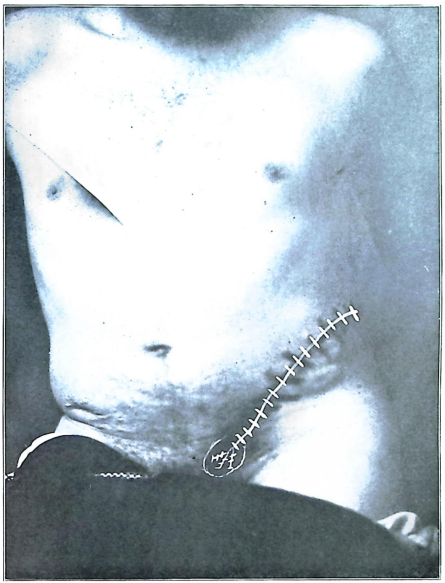


Illustration No. 429.—Mr. T. Hernia on left side. Traced from effect to cause. Traced tender nerve from hernia on left side over upper part of ilium to cause which was P. P. third lumbar. Anterior view.

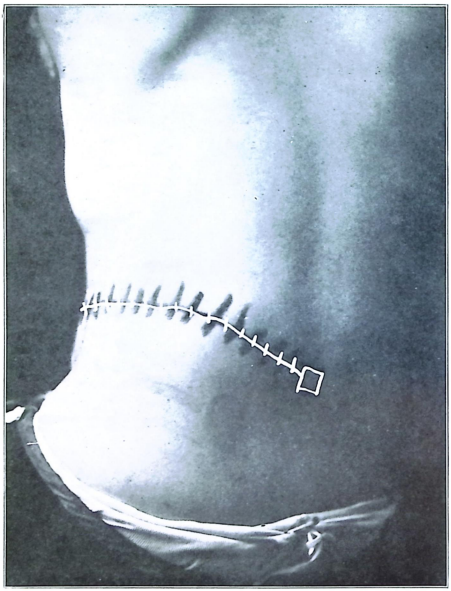


Illustration No. 430.—Mr. T. Posterior view.

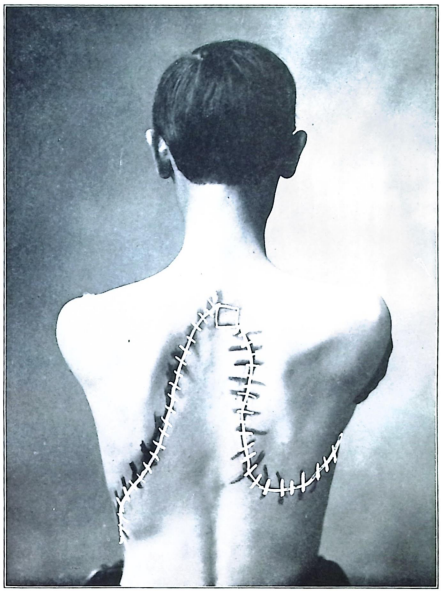


Illustration No. 431.—See description on page 468.

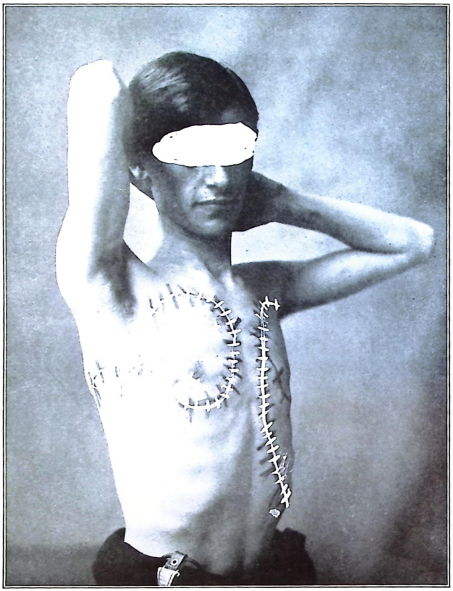


Illustration No. 432.—Mr. D. Anterior view. Starting from the second fibre, being impinged on the right inferior of the subluxation, it also passes directly below the scapula, but passes underneath the axilla, then crossing the right pectoralis major to the sternum, many smaller fibres could be traced out, but this view shows the general path.

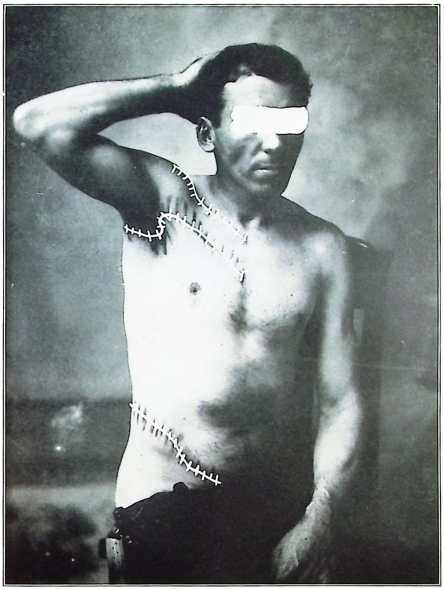


Illustration No. 433.—Mr. H. Anterior view. Starting from the inferior portion of the right inguinal region near to the superior portion of the thigh, we find a fibre which is superficial, though not very tender to the touch, giving more of a dull feeling on pressure. Proceeding obliquely upward over the right side, and slightly above the right hip, it proceeds slightly upward under the left rib posteriorly, then passes downward, being treated to a subluxation of the fifth lumbar vertebra.

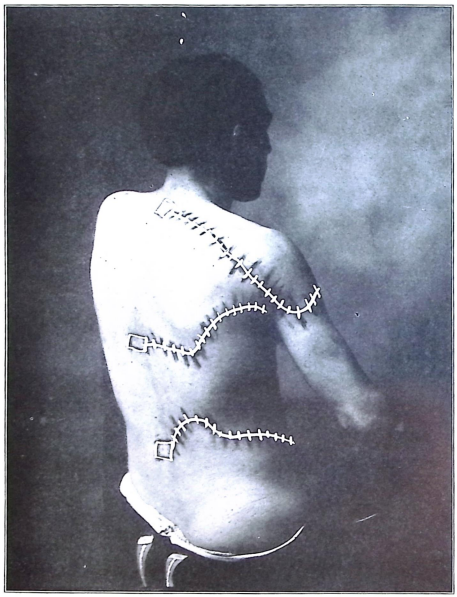


Illustration No. 434.—Starting from junction of manubrium and gladiolus we trace a very tender fibre toward the right side directly under the clavicle and reaching the acrominal process and crossing over the superior portion of the arm and then above the axilla, obliquely upward and backward over the scapula to the subluxation of the third dorsal vertebra. Starting from the middle of the gladiolus proceeding over the right pectoralis major, under the axilla along the axilla border of the scapula to the subluxation of the eighth dorsal vertebra.

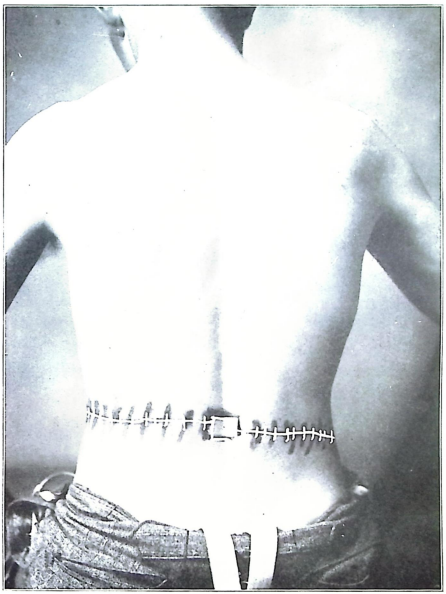


Illustration No. 435.—Mr. C. Disease of the transverse colon. Posterior view. Subluxation of U. P. P. Traced tender nerves directly around to the anterior.

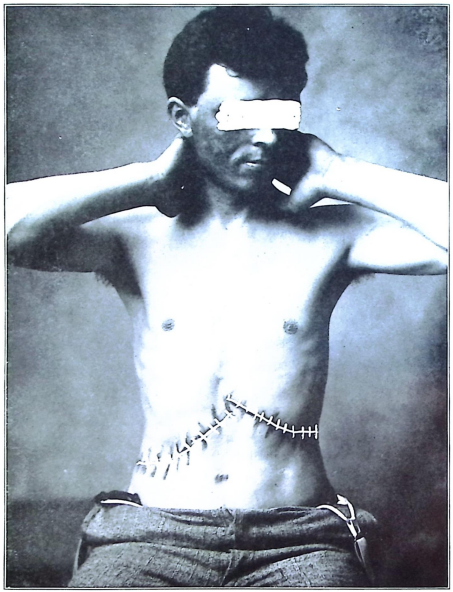


Illustration No. 436.—Mr. C. Anterior view, showing the terminations of fibres having a starting at the U. P. P. subluxation. This shows nicely the one level zone.



Illustration No. 437.—See description on page 469.



Illustration No. 438.—Miss D. Right lateral view. Showing the termination in eye.

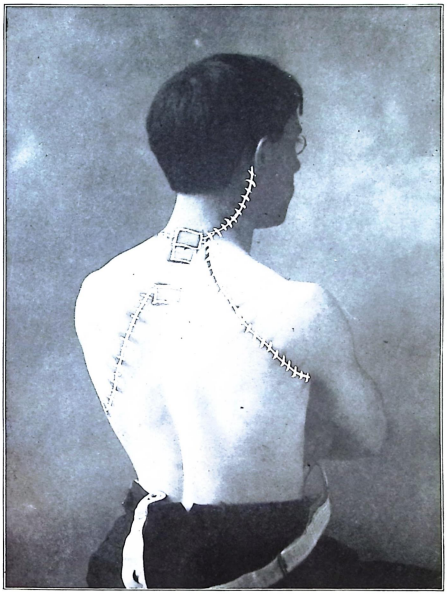


Illustration No. 439.—Mr. G. Posterior right view. Three subluxations. The superior nerve leads to right ear. The lower nerve on right side leads to chest. The same is true on the opposite, but takes a different course. The subluxation was from the sixth cervical. The lower nerve on the left side was from Lu. P. and lead from the chest also.

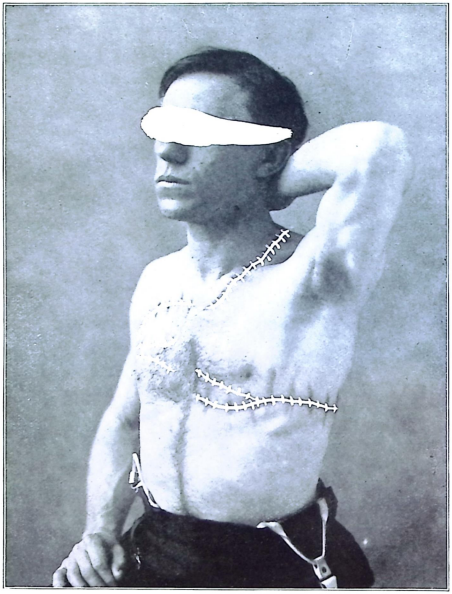


Illustration No. 440.—Anterior left view of Mr. F. Showing the anterior paths of fibres, brought out in 439. Posterior view.



Illustration No. 441.—See description on page 469.

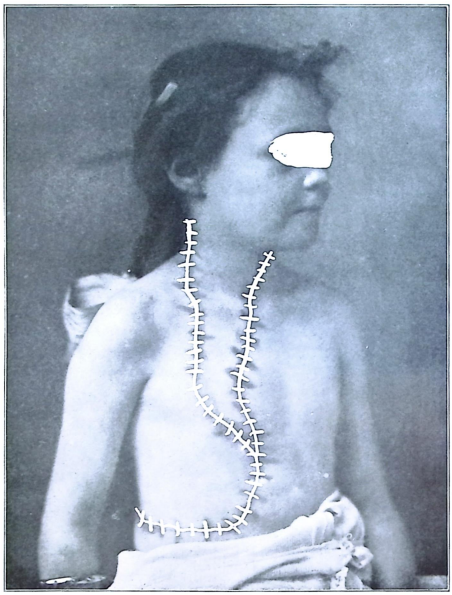


Illustration No. 442.—Miss C. Age 9. Right anterior view. See Illustration No. 441 for thorough description.

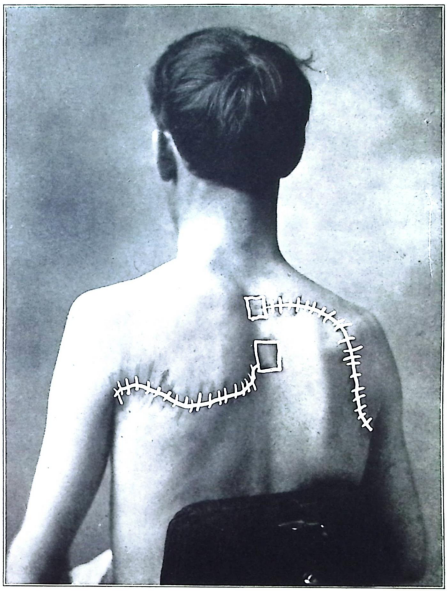


Illustration No. 443.—Dr. T. Bronchitis. Nerve fibre traced (from effect to cause) from the lower part of trachea, externally, crossing over the right breast, under the axilla across scapula to A. P. subluxation. Lung trouble. Traced from cause to effect, starting at subluxation of third dorsal along inner border of scapula and underneath it crossing over about the eighth rib upward, involving an area just above the superior portion of the left lung, this region bounded internally by the sternum. Posterior view shows both subluxation as determined.

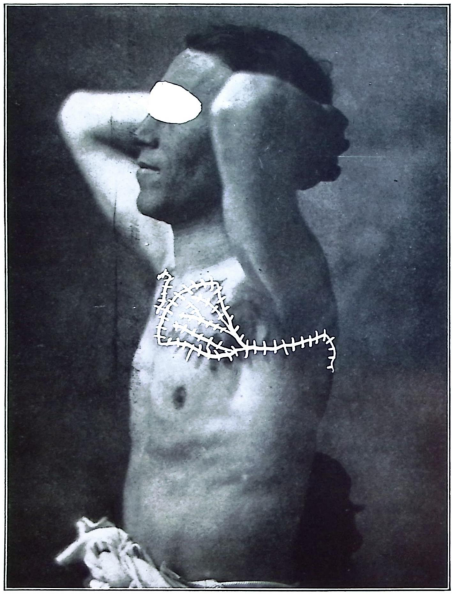


Illustration No. 444.—Left anterior view.

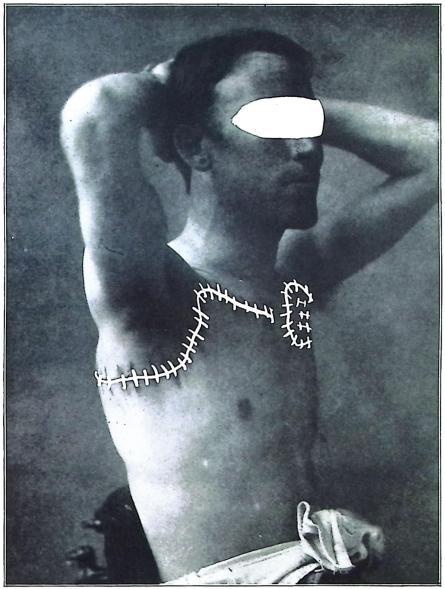


Illustration No. 445.—Right anterior view.

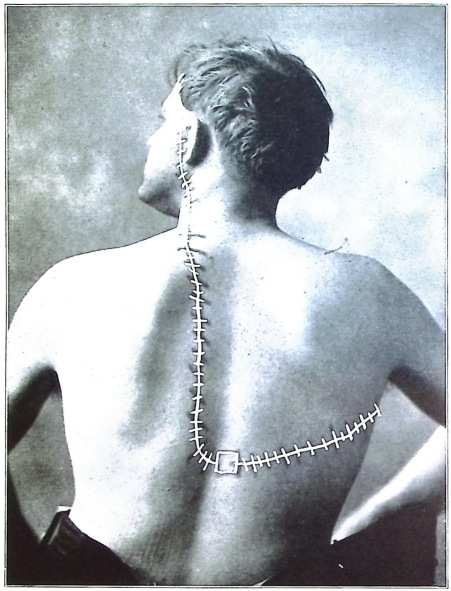


Illustration No. 446.—Mr. S. The left impinged fibre proceeds directly upward across clavicle to angle of mandible to superior maxillary, across the temple to superior of eyebrow. The paths of these two tracings are somewhat different, yet having the one common origin at subluxation.



Illustration No. 447.—Mr. T. Lateral anterior view. Granulated eyelids. Subluxation at U. K. P. Tracing from effect to cause on right side above the eyebrows across right temple to angle, then inferiorly to remus of mandible, across the anterior of neck, passing over the clavicle under the axilla and underneath inferior of scapula to subluxation at U. K. P.



Illustration No. 448.—Miss O. While in these two illustrations only the large nerves are shown it must be remembered that with their many subdivisional fibres it would have covered quite an area as outlined. It is not the aim of this tracing to show every fibre, but principally the tracts of the large nerve trunks.



Illustration No. 449.—Miss O. Posterior view. Intercostal neuralgia. Right side. Area surrounded by the fifth dorsal posteriorly, almost to the median line anteriorly, taking in the regions of the right chest laterally to the line just referred to. The right axilla, to the right infra scapular region. Traced point of pain at the right of fifth dorsal, and tracing from cause to effect showed tender nerve from fifth dorsal, right side, one fibre tracing over right shoulder to above right breast, second fibre went obliquely down and laterally, then forward under the axilla, meeting the other line, which came from over the shoulder.



Illustration No. 450.—Tracing of rheumatism of right leg. Shows nice and fine branching of fibres throughout that leg. Posterior view.



Illustration No. 451.—Tracing of same case as No. 450 with the exception that this is the anterior view. Lines are clearly defined.

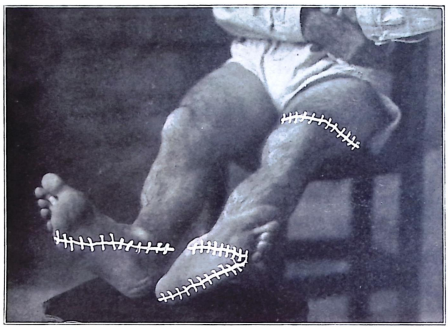
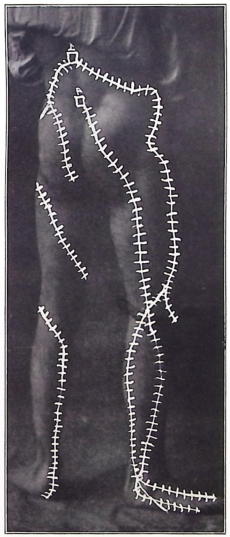


Illustration No. 452.—Nerve tracing. Mr. D. S. M. Rheumatism in lower extremities. Starting with subluxation of the first lumbar we find impinged fibres on each side. Left fibre proceeds to superior of left illium and branches on division going posteriorly over buttocks, the other anteriorly. Dividing again over superior of thigh, one branch going over anteriorly to the right of the left patella, then to the left of the leg over external malleolus across dorsum, of foot to tip of great toe. The other proceeds posteriorly over thigh to about the center, then anteriorly to left border of patella, then across popliteal region to right side of left leg, over planter surface to little toe.



Illustration No. 453.—See description on page 469.

Illustration No. 454.—See description on page 469.



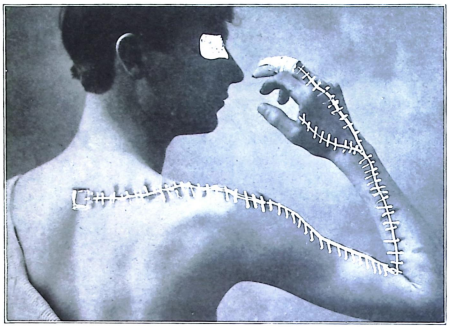


Illustration No. 455.--See description on page 469.

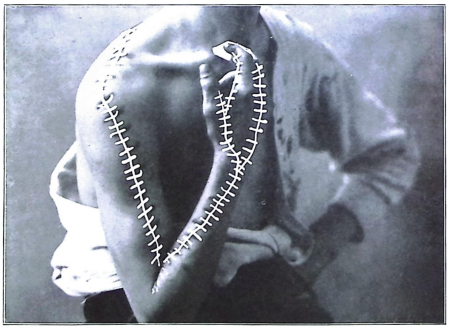


Illustration No. 456.—Companion to 455.

Illustration No. 300.—Mr. N. Ulner view, fractured ulner articulation. Arm disabled. No strength. Pain is excruciating, expecially on third and fourth fingers. Photo shows points of subluxations caused by concussion at the time of fall. Greater points of pressure upon nerves was at second and fourth dorsal "A" is where it passed under scapula to join a lower branching point. When "C" was pressed sharp pain was felt at all fingers.

Illustration No. 301.—Mr. N. Posterior view. "B" is point of division where "A" meets and branches its fibres. All cross lines show points of tenderness. Palpation at any other point made no sensation other than normal.

Illustration No. 302. Mrs. N. Left arm, rear view. "Sprained wrist." Two nerves were traced from affected region to sixth cervical. Notice branching point near vertebra. When adjusted "Sprain" was gone.

Illustration No. 303.— Mrs. X. Posterior view. Area, involved in circle, was given excruciating sharp pains. The careful work of this nerve tracing speaks for itself, in definite location of cause and effect.

Illustration No. 304.—Mr. O. Both hands, wrists and lower forearms were sore, and tender and lame to use. The tracing started as shown, went to the center of wrists, and there fibres were abruptly lost, only to be picked up on the opposite side of the wrists, where they spread out over the palms of the hands. The nerves passed between the radius and the ulna forward and then branched as described.

Illustration No. 305.—Mr. B. Anterior view. Case of prolapsed arterial and veinous walls of the legs, commonly known as varicose veins. Shows nerve tracing direct to parts affected. Right leg affected.

Illustration No. 306.—Mr. D. Posterior view. Showing exit of nerves at fifth lumbar on right side passing down to varicose veins on that side.

Illustration No. 307.—Mr. N. Subluxation at fourth dorsal prodding pressures upon nerves leading off to the right. The neck and head at various places were suffering pain to such an extent that it was more than unpleasant; it included lameness. This photograph shows the posterior view of the same.

Illustration No. 311.—Mr. D. The nerves leading off to left from fourth cervical ran to inflamed larynx on that side. The next inferior had three distinct branches, the one of left leading to circle close to left nipple. The other on that side going direct, entering and controlling the movements of the eyeball. The right side nerve from same intervertebral foramina lead direct to eyeball on right side. The fibre omitting at the inferior foramina of the same subluxation went to right side of larynx. The next leading off on left side ultimately reached the same circular area as was reached by the left of S. P. The lowest fibres, one on each side, reached two inflamed areas to the side of each naval.

Illustration No. 314.—Dr. C. Aching on top of foot. Considerable lameness of instep and ankle. Portion of rear fibre is shown on hip.

Illustration No. 315.—Dr. C. Rear view lameness of right calf of leg. The minute work shows the area involved and where the impingments was located. This fibre emitted below a specific subluxation, and the branch was on the superior of the same subluxation. Lateral view.

Illustration No. 316.—Mr. L. Anterior view. Pleurisy or pain on superficial of left chest. Showing how nerves will branch into these regions.

Illustration No. 317.—Mr. L. Mate to 316, showing two nerves leading from spine on left side, one going to arm, which was not thoroughly carried out, and the other leading direct to left chest under left axilla.

Illustration No. 318.—Mr. X. Rear view. Showing subluxations that were found at fifth cervical and third dorsal. From the superior one we immediately have three branches leaving direct from the face and head. From the lower one we have four distinct and direct fibres leading to the chest, upon the left side. Some of these fibres are impinged from above the subluxation and others below.

Illustration No. 325.—Mrs. Q. Burned the thumb and forefinger with burning lard. Jumped to get away from it and produced subluxations as shown. Fibres were impinged and instead of the burn healing they became open running sores. Tracing showed the nerves as illustrated and subluxations at fourth and fifth dorsal. Three adjustments was all that was necessary to make it normal.

Illustration No. 326.—Dr. Q. Anterior view. Both arms were tender and sore, especially the wrists and fingers. Shows nerves followed down the anterior side of both arms.

Illustration No. 327.—Dr. Q. Posterior view. Mate to 326. Showing the starting point of a nerve leading off to the root of the fifth cervical, going to right arm and subluxation at fifth dorsal for nerves leading off to each side, thence the arms.

Illustration No. 330.—Mr. X. Left anterior view. Arm shows where plasters have been applied to relieve pain, which was something excruciating. They were worse than those of the Douleraux. The slightest move of the arm brought it on. Had been so for months. Came to this city in search of Dr. Palmer and was switched into somebody else. Finaly landed here with those plasters on. It took but one moment to take them off and trace the nerves into that arm with the results shown. Notice how arm is swollen.

Illustration No. 331.—Mr. X. Posterior left view. Show how many fibres will enter into one bundle before they enter the intervertebral foramina. One subluxation made this entire trouble. Immediately after first adjustment relief was had. He lay on that arm and slept. Was well after five adjustments.

Illustration No. 332.—Mr. I. Anterior view. Lame big toe. A typical case of where a nerve was traced from the lumbar regions to a bunion.

Illustration No. 333.—Mr. I. Posterior view. Showing origin of that nerve at first lumbar on right side. Adjustments at the spine made well that bunion. Local adjustments were not given.

Illustration No. 334.—Mr. C. Posterior view. Showing a nerve leaving from S. P. on right side going to temple.

Illustration No. 335.—Mr. C. Posterior view and mate to 334. Showing nerve leading from S. P. on right side and going direct to temple. This nerve leads straight up perpendicularly, along side of the spine.

Illustration No. 340.—Mrs. C. Anterior view. Right breast had been partially removed for a cancer. Loser spot shows the return of the same condition a second time. A common occurrence to irregular doctors. Showing nerves leading to it from spine.

Illustration No. 344.—Mr. L. Front view. Showing nerve traced over shoulder. Intersection is where it passed under right clavicle. Notice branching point, the superior one going to point of fracture, at radiocarpal articulation, which in addition was lame.

Illustration No. 345.—Miss D. Posterior view. Subluxation at "S. P." on right, produced pressure upon nerves leading to both sides of the throat. The ultimate combination of normal functions expressed lead to being termed "double goitre." Photo shows tracing around and over scapula, under axilla, and up neck, also producing pressure upon fibres, which run to head, producing in addition to the goitre symptoms, a sick headache.

Illustration No. 346.—Miss D. Anterior view. Fibres continued upward, "A," "B," "C" show points where nerve fibres passed under clavicles, on left, and under right superior portion of manubrium on right. Circular areas determine the size and shape of the goitres. Inside lines were minute fibres and each cross line determines a tender point on its path.

Illustration No. 347.—Dr. M. Posterior view. Showing tracing from K. P. on both sides to eye-lids, patient having granular eye-lids.

Illustration No. 348.—Mr. C. Posterior view. On right side of second dorsal shows emanation of nerve that was impinged. One branch ran down superior right arm and another into the right chest, spreading over quite an area. Loser portion of illustration shows tracing for rheumatism of legs and two inguinal hernia, one on each side.

Illustration No. 349.—Mr. C. Anterior view. Faint illustration. Shows the spreading of fibres of right chest.

Illustration No. 350.—Dr. C. Posterior view. Subluxation of fifth cervical, second and third dorsal and S. P. The ones from the cervical circled the neck, spreading and involving the thyroid galnds. The second and third dorsal subluxations produced pressures upon nerves which ran down into both arms as depicted in

this drawing. Nerve from right S. P. ran perpendicularly upwards spreading into two branches as it reached the neck, one going to the right cheek and the other going over the scalp and downwards in front of the eye, as shown in 351. The nerve from S. P. on right went straight upward, over the shoulder and down to pit of stomach on left side. This is very unusual, but several places upon the path of this fibre pressure would bring forth a "sickening pain" at that place.

Illustration No. 351.—Dr. C. Anterior view. See 350 for description.

Illustration No. 353.—Mr. C. Lame, left ankle. Had been so for years. Third lumbar sublaxed. Pressure upon left side nerves. The unusual feature about this tracing was that it took such a circuitious route by twining around the leg in one complete revolution. Notice also 354.

Illustration No. 354.—Mr. C. Leg view. See 353.

Illustration No. 357.—Mr. H. Has an umbilical hernia and inguinal hernia on right side. Subluxation at first lumbar reached both by tracing. The fibre above the subluxation went to the inguinal hernia. Adjustment at this place corrected both. Subluxation above also shows pressures upon nerves which go to the "rheumatic" condition, in his arms and hands; sixth cervical subluxation also assisted in the arm trouble.

Illustration No. 360.—Mr. C. Right lateral view. Strabismus of right eye. Subluxation for this was located at fourth cervical.

Illustration No. 361.—Mr. C. S. P. Subluxation which traced up the side of the spines to the base of the skull where he was having pains.

Illustration No. 362.—Mr. C. Posterior view. Left eye was strabismus. Starting at point of abnormal expression, tender nerves were traced from outer angle of left eye to margin of and through hair, backwards over head to over and rear ear, finally terminating at "S. P." on left. Lower line denotes spinous processes in relation with the entrance of nerve. "A" is cross point of nerve traced lame upper arm. In tracing nerves accuracy must be maintained and care taken for fear of cross fibres, which would switch your ultimate location. Tracing from left side to eyeball is one of the unusualities met with; being contrary to the general rule.

Illustration No. 364.—Mr. I. Left anterior view. See description of 365.

Illustration No. 365.—Mr. I. Posterior view. Dislocated shoulder thirty-five years ago, head of humerous was downward and forward. Never was able to raise elbow to his head since that time. Region of shoulder was very tender and sore. Pained all the time. Case was traced with the above results. One adjustment and he was able to use arm in any direction, and now reports that no pain is experienced. Shoulder was partially corrected by that spinal adjustment. The shoulder is now drawing into place. Cause was corrected.

Illustration No. 366.—Mrs. F. Anterior view. Showing anterior aspect of locality involved with rheumatism.

Illustration No. 367.—Mrs. F. Posterior view. Subluxation between fifth and sixth cervical producing pressures upon nerves terminating in entire left shoulder, front and rear.

Illustration No. 373.—Mrs. G. Posterior view. One subluxation was the cause of this general muscular incoordination. Immediately after leaving the spine the nerves branched as shown in the illustration.

Illustration No. 374.—Mr. M. Anterior view. Outlined area was the prolapsed stomach. Careful palpation showed normal position, nerve ended abruptly where it entered from superficial surface to go to stomach.

Illustration No. 376.—Mr. I. Anterior and left of face on head. Cancer of left eye. Removed by operation. Nerve tracing showing endings of the three fibres and in closely to region involved. Observe branching point. Cross marks show where tenderness was felt.

Illustration No. 377.—Miss Q. Anterior view. Shows nerve branching and interior fibre continuing direct to forefinger. The posterior branch (which course can be followed by comparison with 378) shows careful divisions to the three middle fingers. Arm was lame and fingers tender and sore. General debility of arm.

Illustration No. 378.—Miss Q. Posterior view. Started at third dorsal. Fibre directed to upper forearm (as illustrated in 377), where it divided. The posterior branch continuing, in circular form as shown, again coming into view as shown in 377.

Illustration No. 379.—Dr. M. Posterior view. Patient had pleurisy of right lung and chest. Also cramps in superior region of abdomen on same side. The superior fibre covered the chest and lower ended abruptly in abdominal muscles.

Illustration No. 380.—Dr. M. Anterior view. Showing area involved in pleurisy of right chest and lung. Tracing showed tender nerves in accordance with the severity of the complaint.

Illustration No. 383.—Mr. O. P. Traced from effect to cause. Bloating of stomach. Starting a little below the sternum on left side traced superficially around left side under scapula to seventh dorsal vertebra. Right inferior subluxation. Tenderness over superior part of sternum. Starting from sternum superior part of gladiolus traced to left under axilla passing upward under scapula to fourth dorsal vertebra. Left anterior view.

Illustration No. 384.—Mr. O. P. Posterior view showing seventh dorsal subluxation and the fourth dorsal subluxation which was posterior left superior.

Illustration No. 385.—Mr. W. Appendicitis. Starting at the right inguinal region, passing backward and upward to the inferior foramina of second lumbar. The subluxation was posterior left inferior. The fibres were very deep all the way from the effect of the cause.

Illustration No. 386.—Mr. I. This patient had several troubles. Starting at the right side of the neck passing backward above scapula, and then passing backward to superior of scapula, then down the side of scapula, and crossing over between ribs posteriorly to subluxation between sixth and seventh dorsal, which we call S. P. These tracings were semi superficial. Lungs. Pleurisy. Starting at right of sternum, passing somewhat to inferior boundary of clavicle, then under the axilla under scapula, then passing posteriorly, then slightly upward, crossing the fibre leading to S. P. and then nearly perpendicular upward to the subluxation which is left inferior posterior of the fourth dorsal. Anterior view.

Illustration No. 387.—Mr. I. Posterior view. Starting directly under the ensiform, proceeding toward the right and then directly goes under the last rib, passing posteriorly along the surface of the last rib, then crossing the ribs posteriorly and then proceed obliquely upward to the subluxation of the fifth dorsal vertebra, which was found to the left superior. Arm troubles face of the forearm, and then on either side of biceps over superior of shoulder over clavicles backward to sixth cervical, right superior subluxation.

Illustration No. 390.—Mr. I. Palpation found a subluxation at S. P. to be posterior inferior and with tenderness on the left side to the lower border of the last rib, then passing inward between the last rib, and the ilium where it divided into fibres and ending within the region of the stomach. The nerve was very tender and superficially throughout and was especially so just above the pylorus. The stomach is a little prolapsed and the course of the fibre a trifle lower than normal. Several times along the path of this fibre, stimulation would induce the expulsion of gas per mouth.

Illustration No. 392.—Mr. C. Posterior view. Tracing from cause to effect. Affectation in left shoulder. Subluxation was right and of sixth dorsal. Upper left lung involved, to some extent, in general inflammation. Fifth dorsal led directly to it. Right inferior subluxation.

Illustration No. 393.—Mr. C. Anterior left view showing the path of the fibre under the arm and over the superior portion over left lung, where it passes inwards to that organ.

Illustration No. 395.—Mr. M. Started from between first and second lumbar following around on right side between tenth, eleventh and twelfth ribs to inferior of ensiform appendix, which was affected with soreness. On left side following around between eleventh and twelfth ribs and surrounding extremities of liver and pancreas, although low. Posterior view.

Illustration No. 397.—Mr. B. Periodical headache. Once a month, male. Traced tender nerves from P. P. step by step up along each side of the spine to the back of the head. Traced another tender nerve from fourth cervical to each side of neck. The latter is usual, the former unusual. Posterior view.

Illustration No. 399.—Mrs. F. S. Serious poisoning of thumb. Fifth cervical to the left, second dorsal to the left superior nerve traced from between fifth and sixth cervical forward and downward and outward, along anterior surface of deltoid to middle of outer surface of arm and then downward to thumb. It will be noticed that it had two branches in origin but one in termination.

Illustration No. 400.—Mrs. F. S. Anterior view showing path of the nerve nicely running to the arm.

Illustration No. 402.—Mr. I. The following disease was traced for constipation. Traced from both sides of the lumbar to rectum. Private troubles. Third lumbar traced tender nerves on both sides of third lumbar to penis and testicle. Pain in lower limbs. Traced tender nerves from second on both sides down back of legs to feet and toes. Posterior view of hips and legs.

Illustration No. 406.—Miss T. Case of bronchial and diaphragmatic asthma. The case has terrific attacks and has had for years, therefore this was traced right after a severe attack, and all phases were prominent. I call particular attention to the meric deliniations so vividly brought out. The case speaks for itself, and to describe its beauty on paper would be impossible. I consider this set one of the best nerve tracings in this collection. Posterior view.

Illustration No. 407.—Anterior view of Miss T. In this view it will be noticed that the paths of the fibres were traced on the bare skin, but the photo was taken with the garb, therefore the shiled and its lines running over it. From second dorsal over scapula to bronchi, from fourth lumbar following the course and sending off branches to the fallopian tubes on both sides of the womb and upward to diaphragm. From fourth cervical to neumogastric region to the base of the ear. From third cervical to larynx around both sides up the eustachian tube to ear also.

Illustration No. 411.—Mr. B. Posterior view. Liver trouble was the primary affection. Started at Li. P., traced on right side around inferior portion of scapula to that organ. Shows peculiar deposition of several fibres, the one running inferior and the two superior passing directly upward, over the clavicles and running forward and downward.

Illustration No. 412.—Anterior view shows the two portions of fibres running downward on the anterior and making a circle in the abdomen. These fibres were deep, therefore have more than a tracing significance. The entire abdomen was more or less sore. No startings of fibres could be found in the lumbar region.

Illustration No. 413.—Mr. I. Fibre should pass over left shoulder obliquely to between third and fourth ribs and sternum. Starting without subluxation at third dorsal, which is found to the left superior, we trace the fibre to the superior border of the left scapula and down its inferior border, then down to the lower point, which is on a horizontal line drawn from nipple to ninth dorsal, where it makes an angle upward under the axilla across breast to the sternum. The affected parts involved correspond to the apex of the heart.

Illustration No. 414.—The next trouble is hoarseness of throat. Starting at S. P. on right side (subluxation right superior) the course of the fibre is upward along the spine, on right side, then passing anteriorly along side of neck to larynx.

Illustration No. 415.—E. D. Deafness in both ears. Tracing was simple and led downward and backward to between second and third dorsal. Left posterior view.

Illustration No. 416.—Same as 415 with the exception that it shows the right posterior view.

Illustration No. 419.—Dr. C. Pleurisy in left lung. Posterior view. Shows fibres leading from the second dorsal over left scapula to nipple of left breast under axilla. It will be seen that the fibres branch all over this area.

Illustration No. 420.—Notice the spreading of the fibres taking in several dermamers in this dissemination, although coming from and having one vertemeric origin.

Illustration No. 425.—Mr. N. Anterior right view. Starting with left inferior fibre of the fifth lumbar, we trace around outer border of sacrum, down across left buttock, down the outer border of left thigh to anterior of leg, across the internal part of ankle to the eighteenth phalanx. The right superior fibre of the fifth lumbar was traced under the hip, over the outer border of the right, around the popliteal space, across the outer border of soleus, to the ankle along the external border of foot to between the 4th and fifth phalanges. Tracing the impinging fibre at the fourth lumbar subluxation, we follow it under the right hip, across the right inguinal region to nearly the middle of the hypogastric region, involved an area extending inferiorly to superior border of the thigh.

Illustration No. 426.—Mr. N. Posterior view, fourth cervical. Posterior left inferior for catarrh from fourth cervical around neck to median line in front of throat. Second dorsal. Left posterior superior. Traced for asthma from the many points shown. This set of views shows up about as nicely as could be wished the zone idea. The following subluxations were in the spine. Third dorsal. Right posterior inferior. Fourth dorsal, right posterior superior, eighth dorsal left posterior superior, tenth dorsal, left posterior superior, twelfth dorsal, left superior.

Illustration No. 431.—Mr. D. Posterior view. Starting from the third dorsal vertebra we find the subluxation to the left posterior, with impingement above on the left side and below on the right, the more pronounced being the left superior, which we trace obliquely downward along the inner margin of the left scapula, below the last rib, then passing upward (obliquely) across the left lumbar to the inferior boundary of the ensiform appendix, then following the sternum it proceeds slightly beyond its superior boundary and involving the entire pectoralis major muscle, thence the fibres going directly internal to the lung.

Illustration No. 437.—Miss D. Posterior view. Distinct blurring of eye. Mattered more or less and sight was somewhat dimmed. Had been so for years. Right eye was the one most complained of. While no complaint was entered regarding the left eye, yet it was some affected also. The following subluxations were recorded: Axis right posterior. Traced forward under ear to right side of eye following eyebrow and under eye to nose joining the other fibre from just above in front of the ear. First dorsal right posterior traced to superior of clavicle and over scapula. Fifth dorsal right posterior superior running over right scapula. We did not follow some of the lower fibres. for they did not interest us in this eye trouble.

Illustration No. 441.—Miss C. Age 9. Parts affected: Right side of base of occipital region. Posterior to ear, periodic headache. Throat trouble. Hypothetical course of fibre. Will start on right side of S. P. upward to the right of scapula over right clavicle to right side of posterior of neck to base of occipital. Actual course: Tracing cause to effect. Starting with impinged fibre, which was rear superior subluxation, we traced it outward and downward to the internal inferior border of scapula then proceeded downward to about one and one-half inches above the right hip, then to right hypochondriac region to superior of epigastric, then upward to right side of sternum. At the center of the breast there was a separation of fibres, one proceeding directly upward slightly to right of larynx. The other crossed over the right shoulder to the right side of the base of the occipital about two inches posterior to the tragus of ear.

Illustration No. 453.—Starting from right of fibre impinged at first lumbar, it proceeds over hip down to right side of thigh, turning to the inner side just over patella; coming down inner side of leg over internal malleolus where it branches, one going to dorsal surface and one to great toe, and the other posteriorly over plantar to little toe.

Illustration No. 454.—Starting its subluxations at fifth lumbar we trace impinged fibres on the right across sacrum over buttocks down posterior of thigh, to popliteal region and outer side of leg, thence posterior of external malleolus to outer border of dorsum and the little toe.

Illustration No. 455.—Mr. D. While lifting a rock, it slipped on his finger, maiming it in bad shape. Pain was had in the arms and shoulders next day, especially in the right arm and shoulder. The pain getting worse, a subluxation was detected and the tracing made, which goes to prove that the case did produce the subluxation at that time. The posterior view shows the location of the subluxation and the tracing from there to the area involved.

SECTION IV

The following series of views lead to definite conclusive opinions of the breadth and universality of nerve tracing. Only one who is a master of his subject, an artist with his hands, could issue such accurate and scientific wealth of facts as follow.

We are forced to say, if these portraits bear truthful facts, that man is more than past students have dreamed, either a new nervous system must come into vogue, *or*, the results attained by chiropractors with chiropractic, based upon nerve tracing calculations are a myth, and even this the most credulous and skeptical would deny.

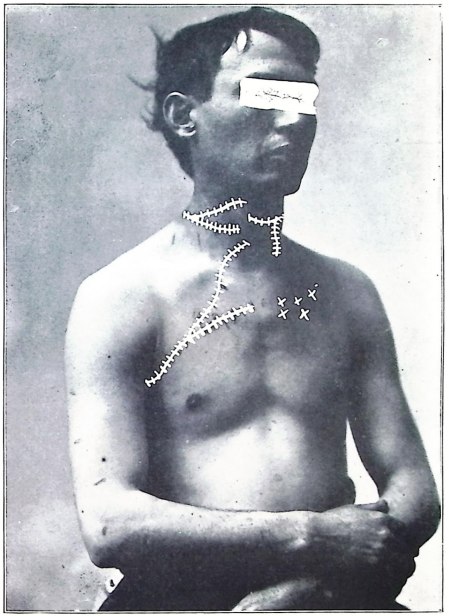


Illustration No. 457.—Mr. N. While working over an emery wheel, some splinters broke loose and settled in Mr. N's eye. So great was the concussion that he was thrown back on the floor, picked up unconscious, remained so for half an hour and then taken home. Upon returning consciousness his speech was gone, nor could he hear. He was a deaf and dumb mute. Tracings show positions of nerves leading to the muscles of the throat. Anterior view.

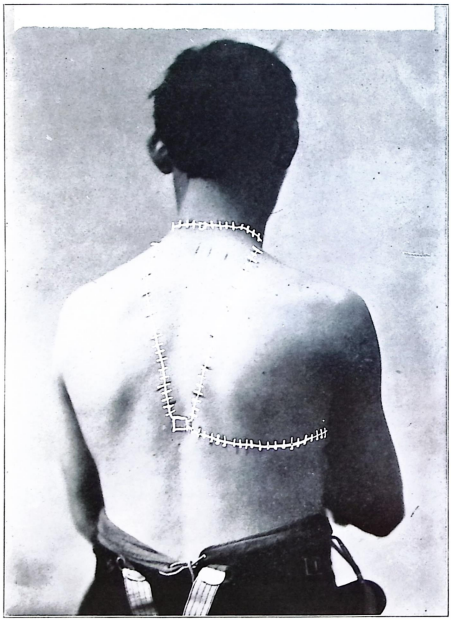


Illustration No. 458.—Mr. N. Posterior view of case gone before. Notice the peculiar divisions of nerves in this case.



Illustration No. 459.—Mrs. C. Lame hand and arm. Soreness and tenderness of muscles in and around the region of the neck and mouth. Tracings show origins and paths of nerves under pressure. Right side and right view.



Illustration No. 460.—Mrs. C. Right view. Showing the neck and location of subluxations.

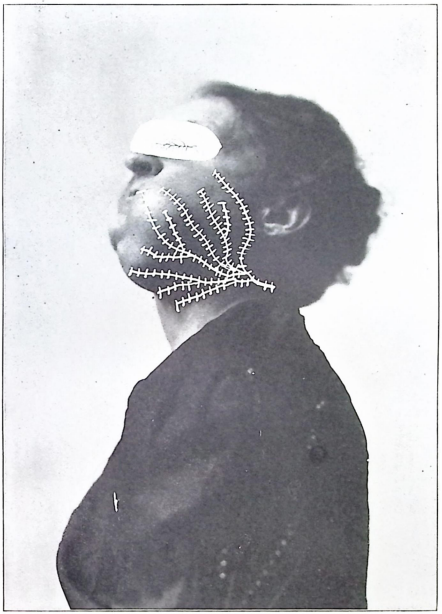


Illustration No. 461.—Mrs. A. Left jaw tumor. Estimated weight ten pounds. Notice tracing thereof.



Illustration No. 462.—Mrs. A. Shows nicely the subluxations traced back into the neck, posterior view.

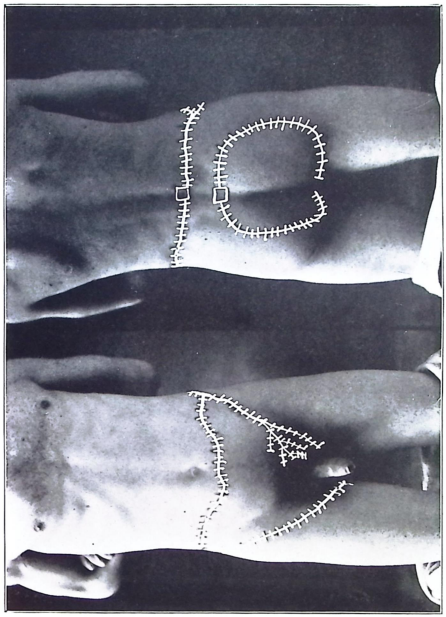


Illustration No. 463.—Anterior view of Mr. X. Showing tracings of nerves leading to the abdomen, which had hernia, and also to and circulating under the scrotum and meeting common fibres from the rear.

Illustration No. 464.—Posterior view of Mr. X. Lumbar subluxation for abdomen and lumbosacrel subluxation for the buttock and scrotal regions.



Illustration No. 465.—Mr. R. Sprained or rheumatic wrist, tender all through its lower portion, arm somewhat swollen and tender, anterior view.



Illustration No. 466.—Mr. R. Lateral view showing position of fibres as they were directed to the vertebrae.



Illustration No. 467.—Mr. H. Inco-ordination in thoracic cavity. Tracing shows how exactly the field is covered in such a case.



Illustration No. 468.—Mr. H. Left view showing subluxation of the case above.



Illustration No. 469.—Mr. P. Affected right arm and shoulder. Mostly thumb and first finger.



Illustration No. 470.—Affected left arm of Mr. P. Showing that his left side was more affected.



Illustration No. 471.—Miss M. had tuberculosis of the glands of the neck on each side. This view is the back showing tracings of fibres leading from superior and inferior of the fourth cervical on the right side; from inferior of the fifth cervical on the right side.



Illustration No. 472.—Miss M. shows the left view of the same case with the continuation of fibres, the superior leading to very tender glands immediately behind the angle of the right jaw and the inferior one to the lower part of incision made by surgeon.



Illustration No. 473.—Miss M. shows the left view of the same case with the continuations of fibre leading from inferior of the fifth cervical with branches over a limited area of the lower one-third of left side of neck with one branch going down to spine of scapula.

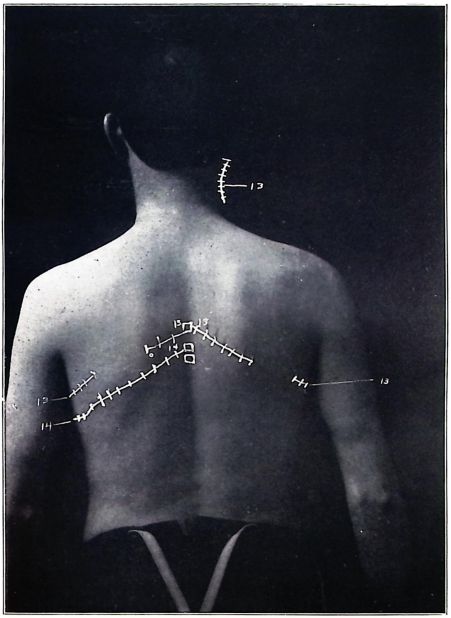


Illustration No. 474.—Mr. C. Shows the back view with tracings from between the fifth and sixth dorsal, leading both right and left, losing them at the edge of the scapula and finding them again at the axillary border of the same, following the intercostal space, and taking an upward course from under the axilla. Another between the sixth and seventh dorsal on the left side following the intercostal space around towards the stomach.

Mr. C. was suffering from indigestion, burning indigestion, burning sensation of eye-balls, dryness of throat and sciatica of the left limb and cold feet.

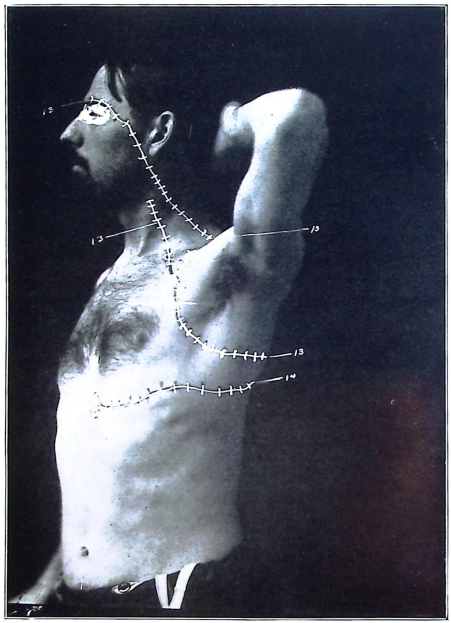


Illustration No. 475.—Mr. C. Shows the left view with the continuation of fibre from the fifth and sixth dorsal under the axilla upward across right breast to clavicle where it divides, one branch going under the clavicle upward along side of neck to under ear across face to eye, over same to the supra-orbital notch to eye-ball. Also fibre from between the sixth and seventh dorsal on left to region over stomach with two branches at periphery.

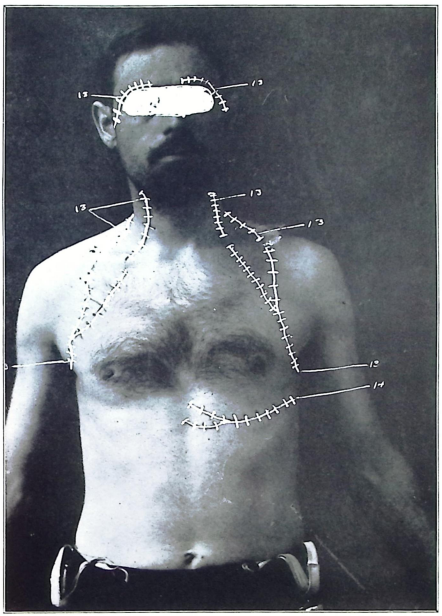


Illustration No. 476.—Mr. C. Shows the front view with finish of fibres shown in preceding view, those on the right from between the fifth and sixth dorsal under the axilla dividing below the clavicle, one to the throat and the other to along side of the neck under the ear across the face to the eye. The continuation of fibre from between sixth and the seventh dorsal on left with the branching over the stomach.

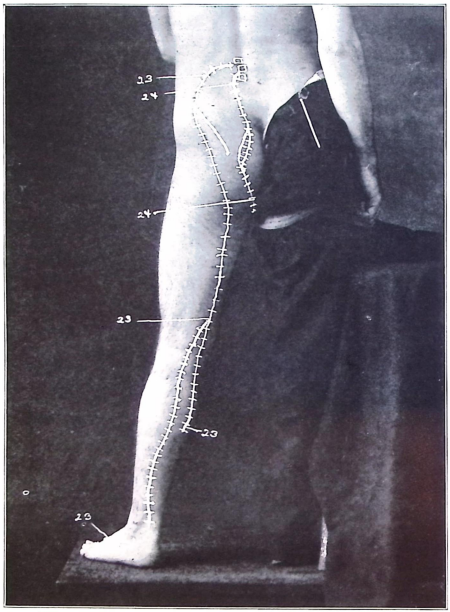


Illustration No. 477.—Mr. C. Shows the back view of lumbar region and left limb. Traced from between the third and fourth lumbar out about four inches then downward over ilium dividing, one branch to fleshy portion of buttock, and the other continuing backward and inward to above the knee, there dividing, one branch going to center of calf of leg and the other continuing outward and downward to the ankle back of external malleolus, with five branches over the upper part of the foot, one to each toe. Also on the left from between the fourth and fifth lumbar, taking a downward course, then dividing for about four inches, reuniting and going downward and inward on inner side of the leg, gradually going backward and under the inner malleolus, forward under the foot dividing into three branches.

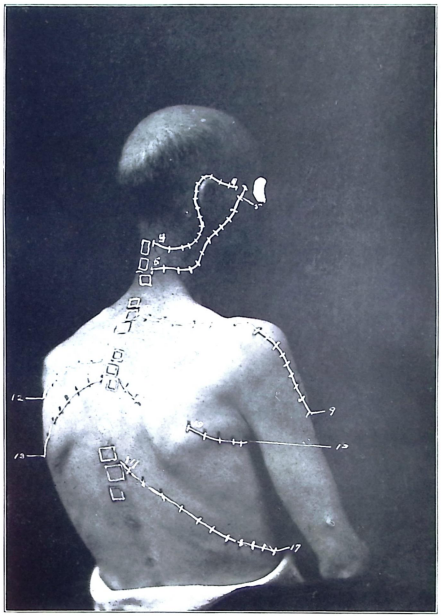


Illustration No. 478.—Mr. W. For description see page 752.

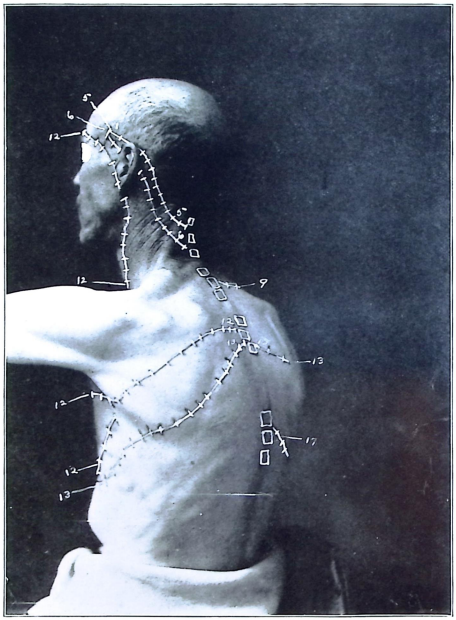


Illustration No. 479.—Mr. W. For description see page 752.

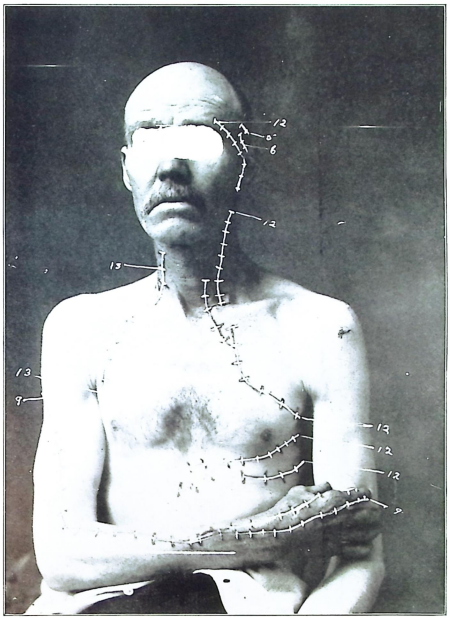


Illustration No. 480.—Mr. W. For description see page 752.

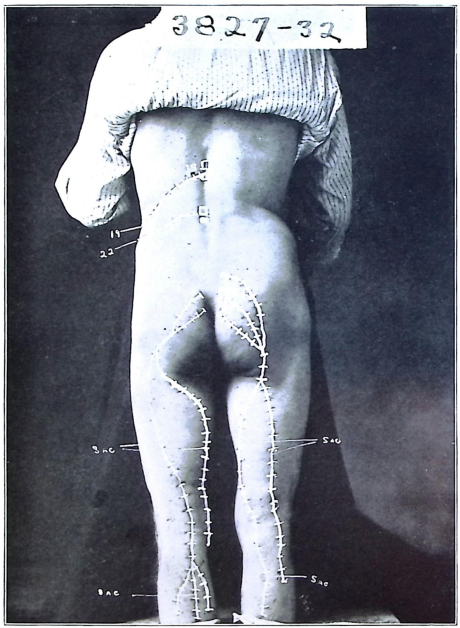


Illustration No. 481.—Mr. G. had rectal ulcers, and was subject to dysentery and bloody flux, bearing down feeling around rectum, faulty urination accompanied by extreme pain, which makes urination impossible at times. Patient also has locomotor ataxia.

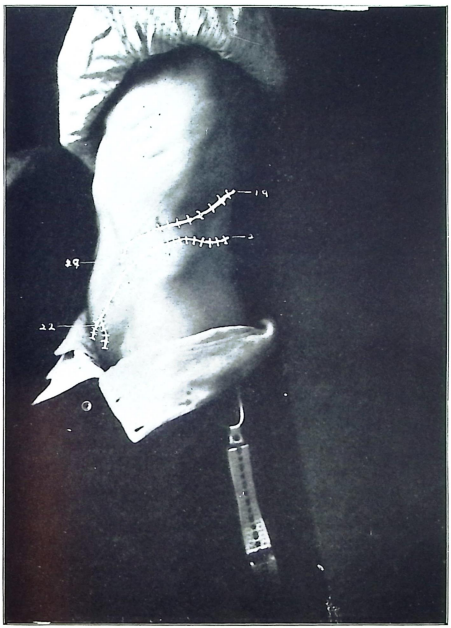


Illustration No. 482.—Shows the left view of Mr. G. with continuation of fibres from between the 11th and 12th dorsal, and second third lumbar, respectively. The first going to the urethra and the second across to the bladder, terminating two fibres.

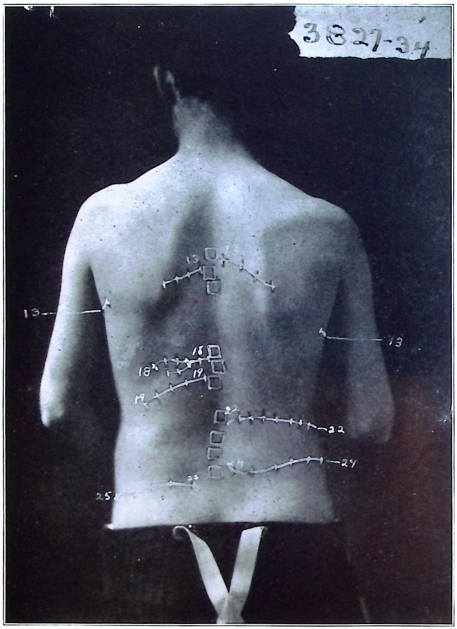


Illustration No. 483.—Mr. G. For description see page 752. Mates with 481 and 482.

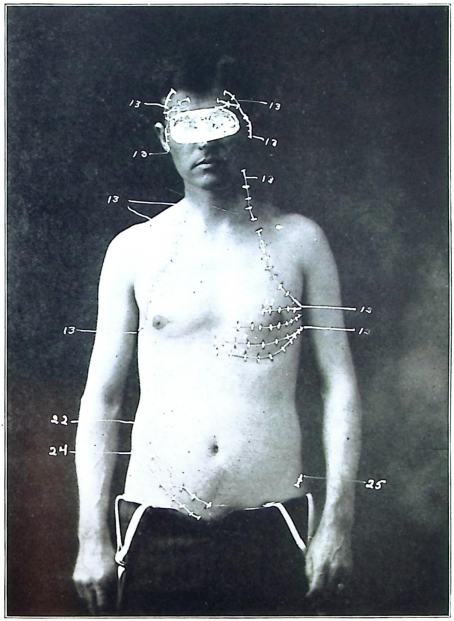


Illustration No. 484.—Mr. P. See description on page 753.



Illustration No. 485.—Miss F. See description on page 753.



Illustration No. 486.—Miss F. See description on page 753.

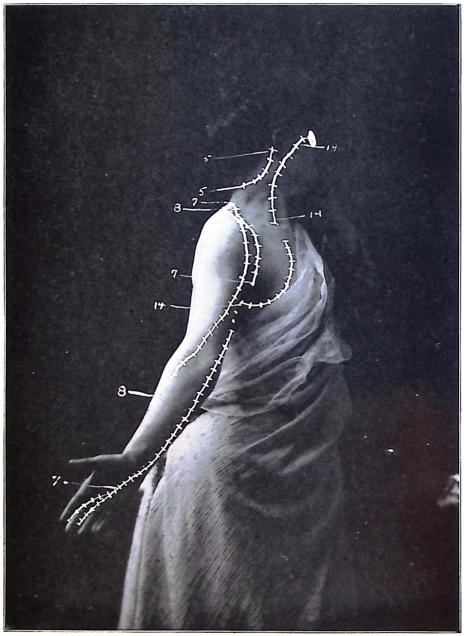


Illustration No. 487.—Miss F. See description on page 753.

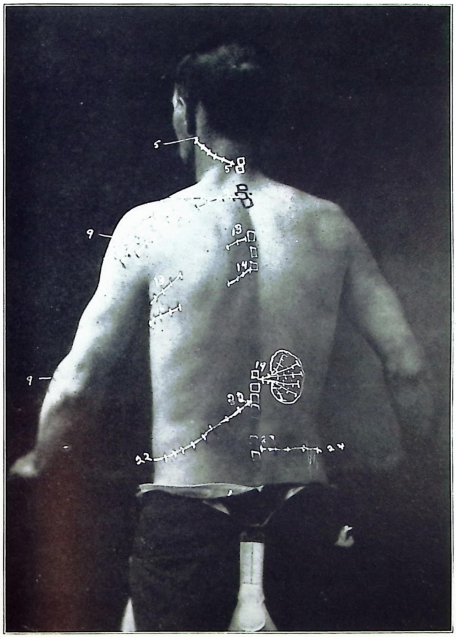


Illustration No. 488.—Mr. D. See description on page 753.



Illustration No. 489.—Mr. D. See description on page 754.

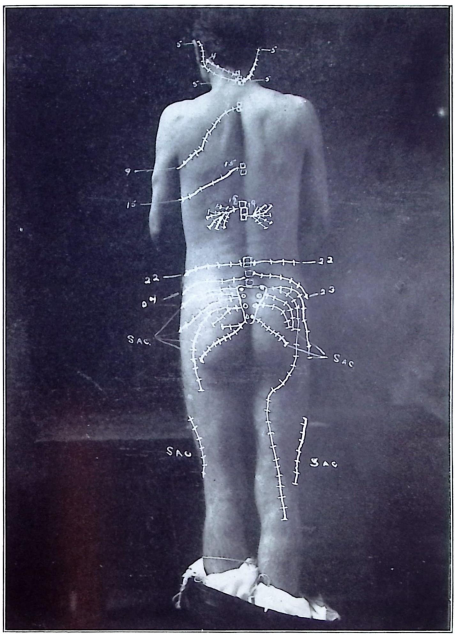


Illustration No. 490.—Mr. D. For description see page 754.

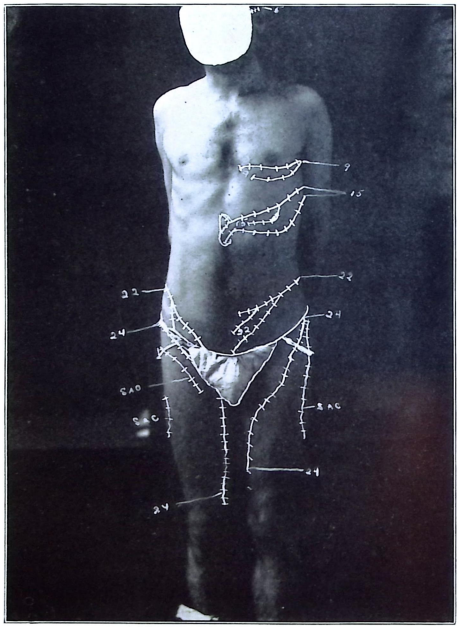


Illustration No. 491.—Mr. D. For description see page 754.

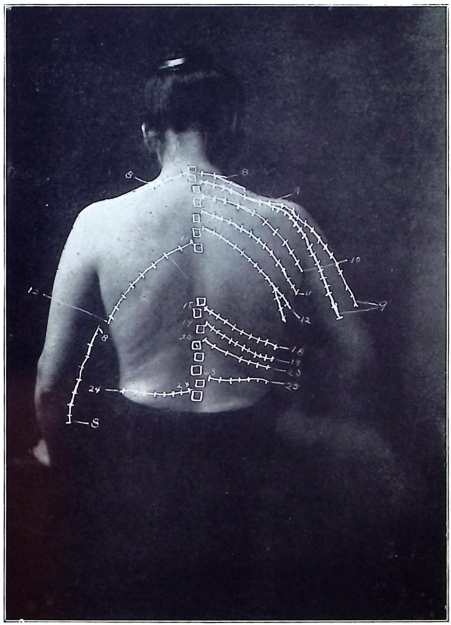


Illustration No. 492.—Mrs. D. For description see page 755.

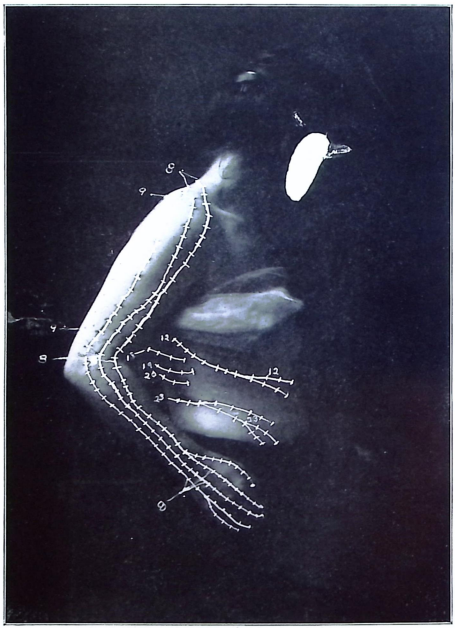


Illustration No. 493.—Mrs. D. For description see page 755.



Illustration No. 494.—Mrs. D. For description see page 755.

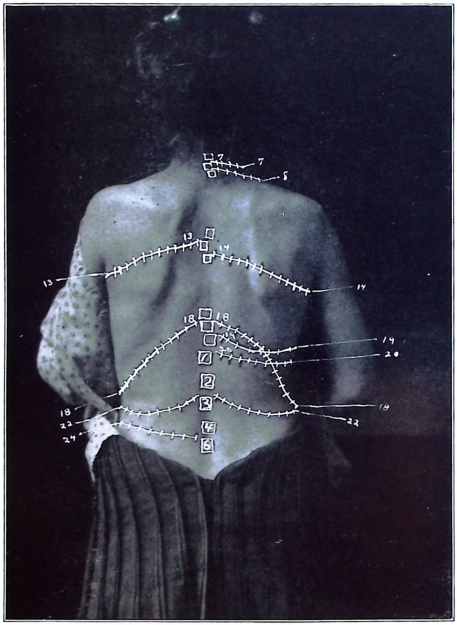


Illustration No. 495.—Miss M. For description see page 755.

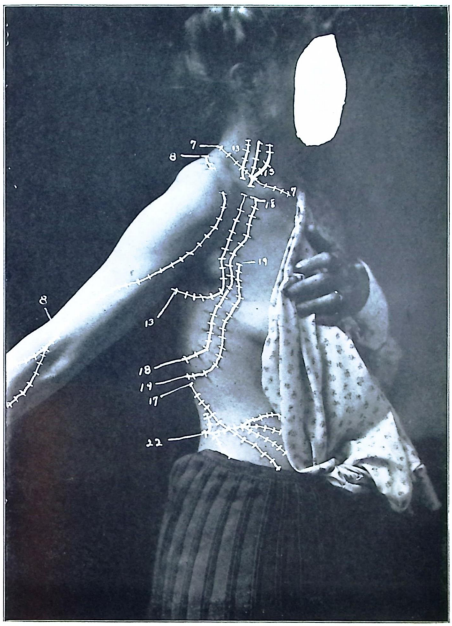


Illustration No. 496.—Miss M. For description see page 756.



Illustration No. 497.—Mr. M. For description see page 756.



Illustration No. 498.—Mr. M. For description see page 756.



Illustration No. 499.—Mr. M. For description see page 756.



Illustration No. 500.—Mr. M. For description see page 756.

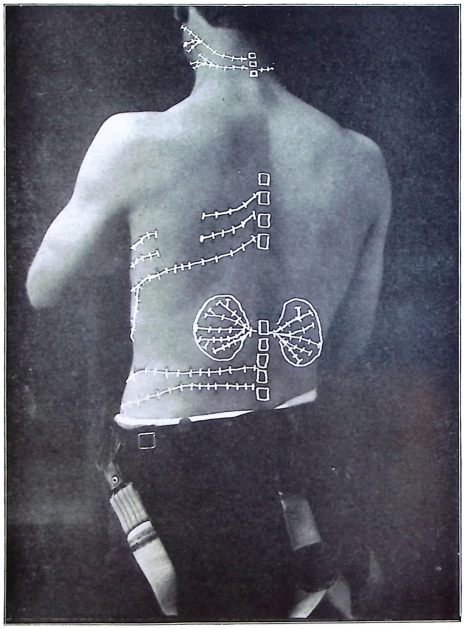


Illustration No. 501.—Mr. K. For description see page 757.

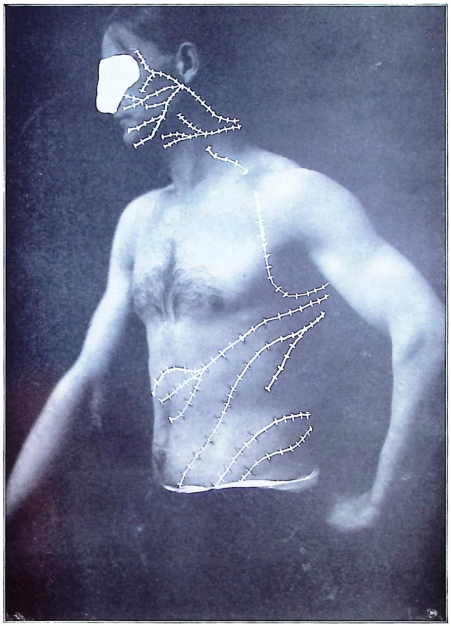


Illustration No. 502.—Mr. K. For description see page 757.

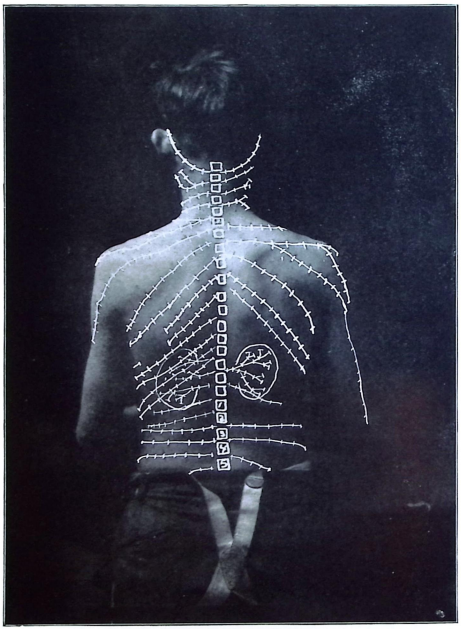


Illustration No. 503.—Mr. V. For description see page 757.



Illustration No. 504.—Mr. V. For description see page 757.



Illustration No. 505.—Mr. V. For description see page 757.

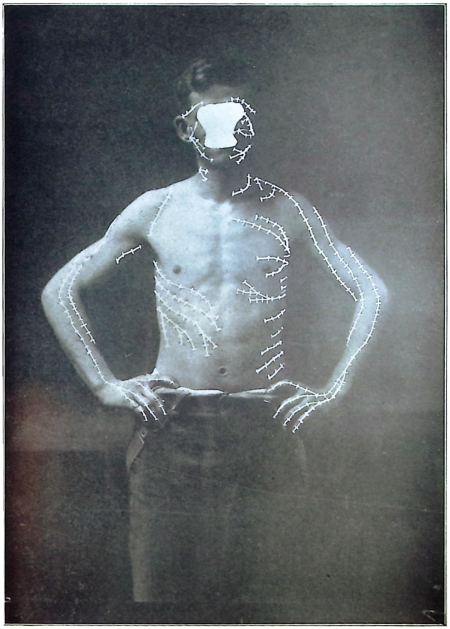


Illustration No. 506.—Mr. V. For description see page 758.

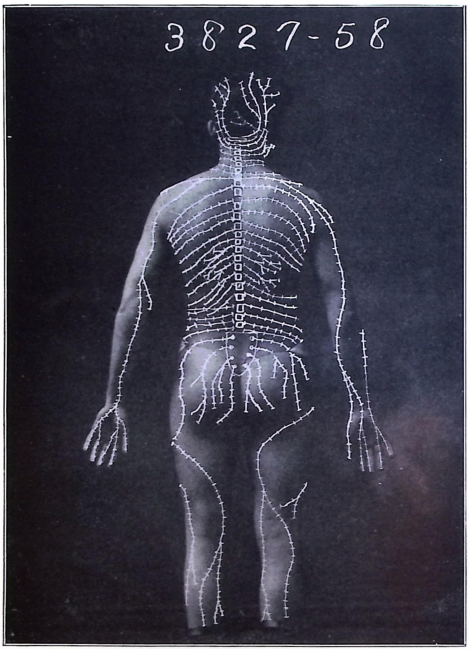


Illustration No. 507.—Mr. S. For description see page 758.



Illustration No. 508.—Mr. S. For description see page 758.



Illustration No. 509.—Mr. S. For description see page 758.

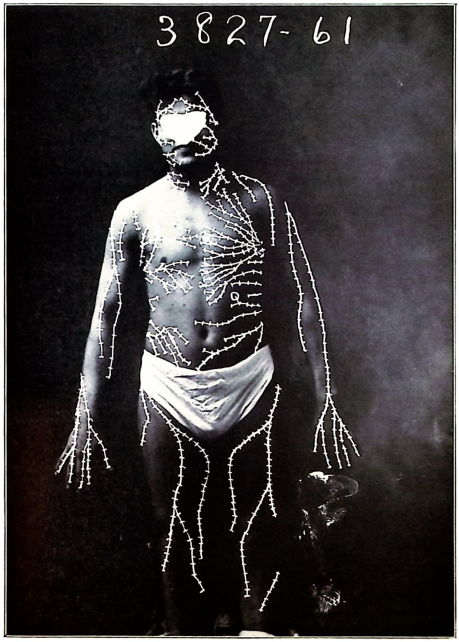


Illustration No. 510.—Mr. S. For description see page 758.

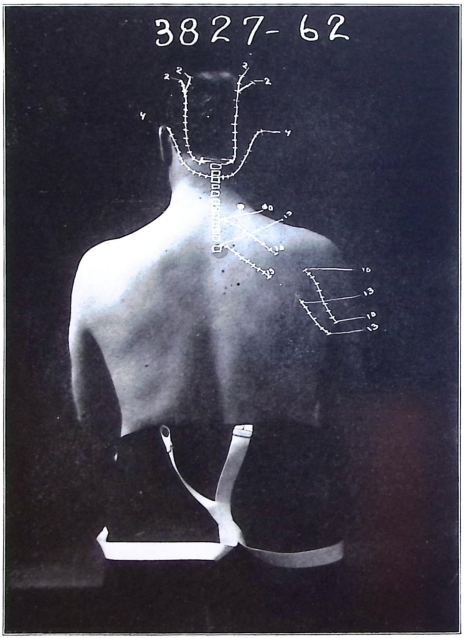


Illustration No. 511.—Mr. S. For description see page 758.

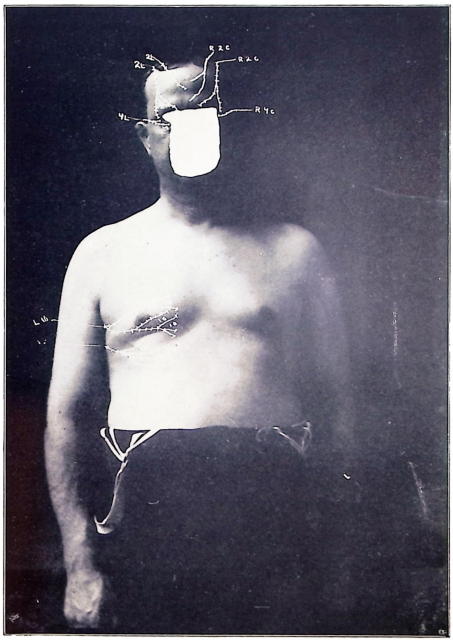


Illustration No. 512.—Mr. S. For description see page 758.

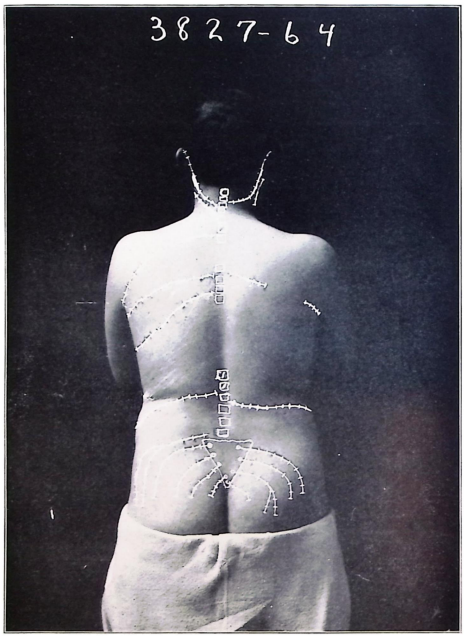


Illustration No. 513.—Mr. E. For description see page 758.



Illustration No. 514.—Mr. E. For description see page 759.

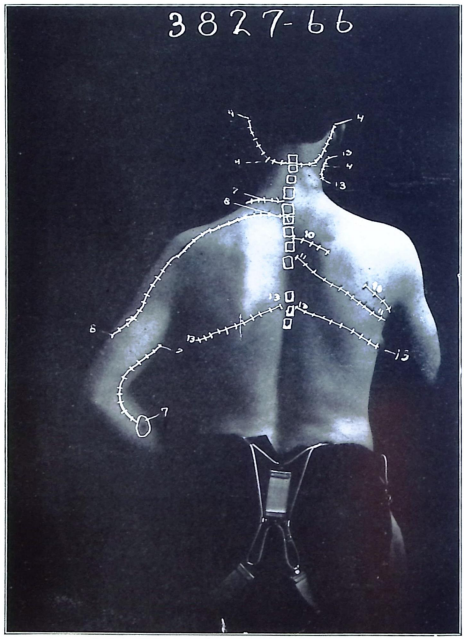


Illustration No. 515.—Mr. S. For description see page 759.

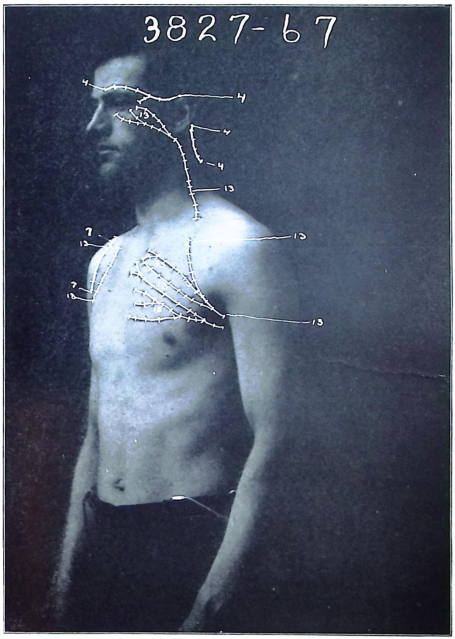


Illustration No. 516.—Mr. S. For description see page 759.

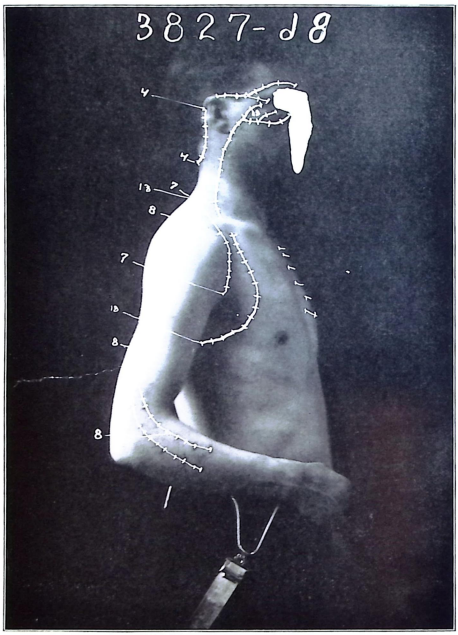


Illustration No. 517.—Mr. S. For description see page 759.

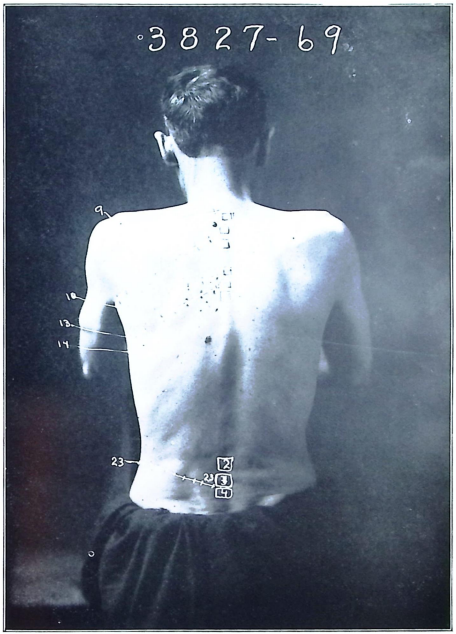


Illustration No. 518.—Mr. P. For description see page 759.



Illustration No. 519.—Mr. P. For description see page 760.

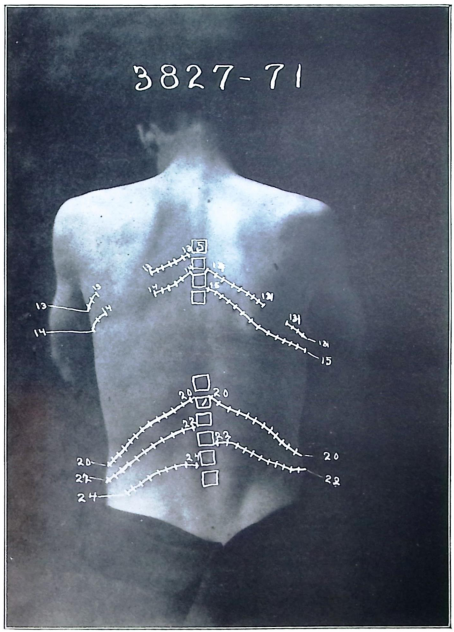


Illustration No. 520.—Mr. J. For description see page 760.

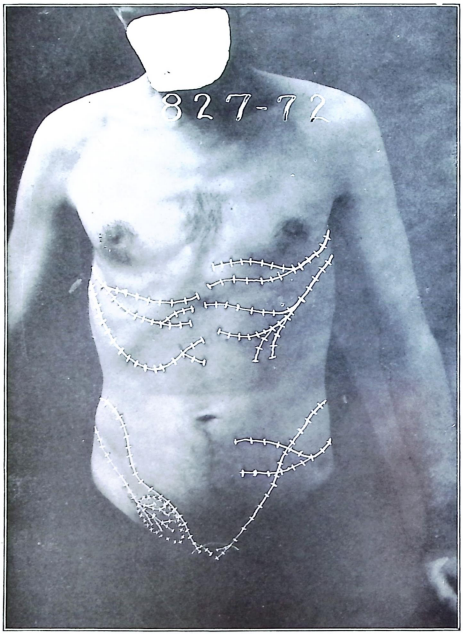


Illustration No. 521.—Mr. J. For description see page 760.

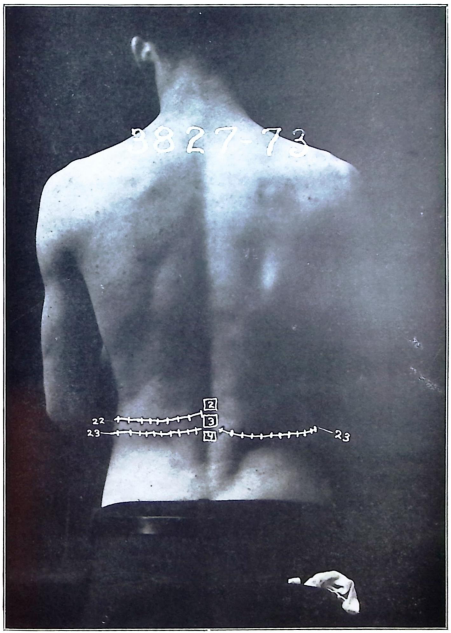


Illustration No. 522.—Mr. Q. For description see page 760.

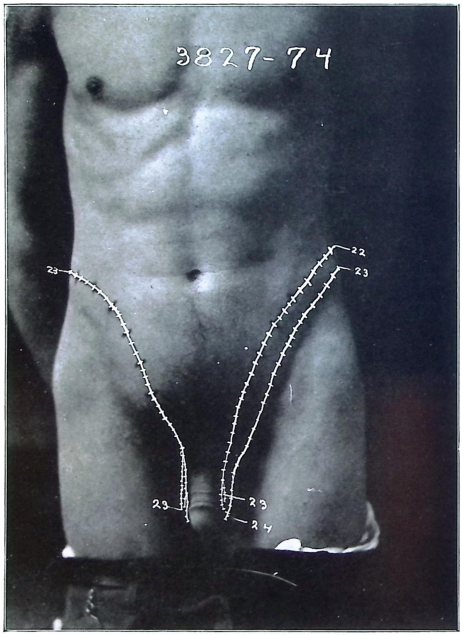


Illustration No. 523.—Mr. Q. For description see page 760.

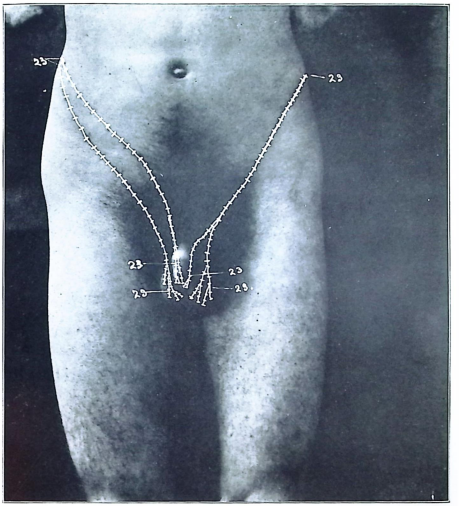


Illustration No. 524.—Mr. M. For description see page 761.

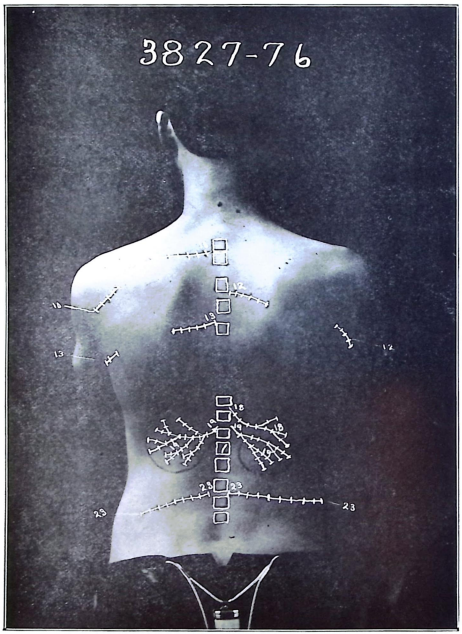


Illustration No. 525.—Mr. M. For description see page 761.

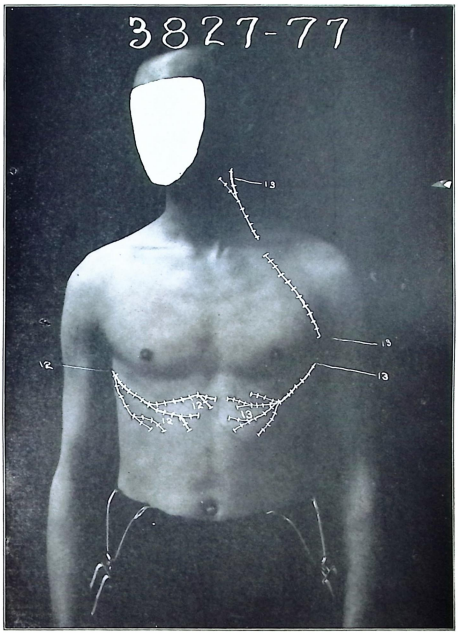


Illustration No. 526.—Mr. M. For description see page 761.

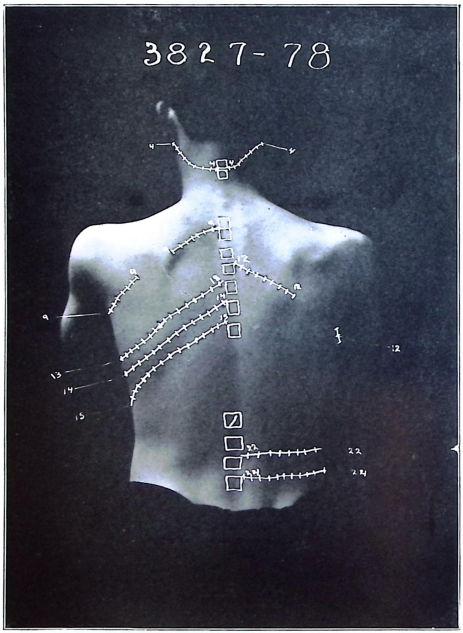


Illustration No. 527.—Mr. D. For description see page 761.



Illustration No. 528.—Mr. D. Stomach, liver, intestines involved. Mates with 529. Meric system is shown clearly to be a fact.

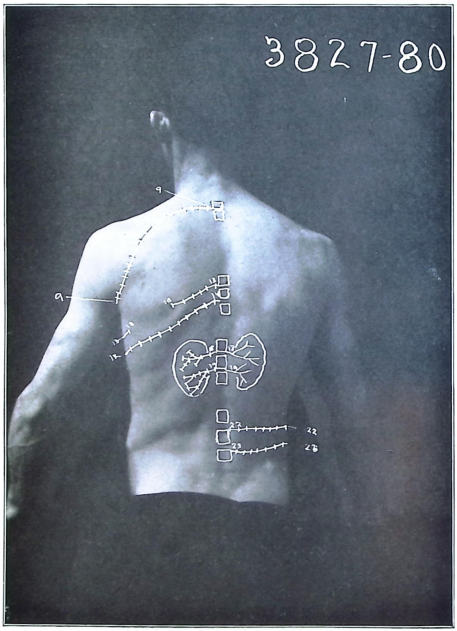


Illustration No. 529.—Mr. D. Mates with 528. Note kidney subluxations. This work proved effective in areas outlined. Recoil adjustment only, used on all cases portrayed in this book. See Vol. 3, *The Science of Chiropractic.*

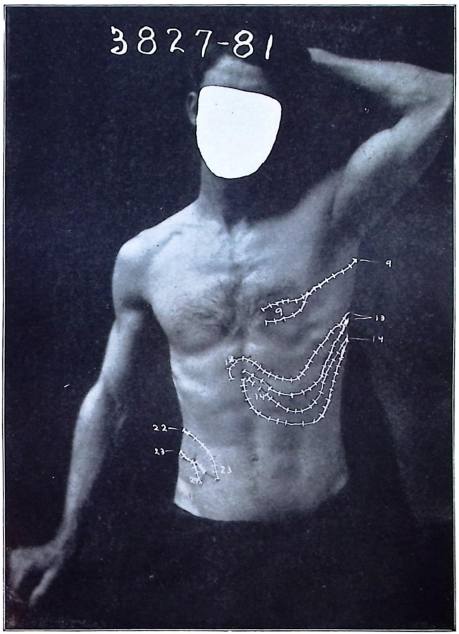


Illustration No. 530.—For description see page 761.

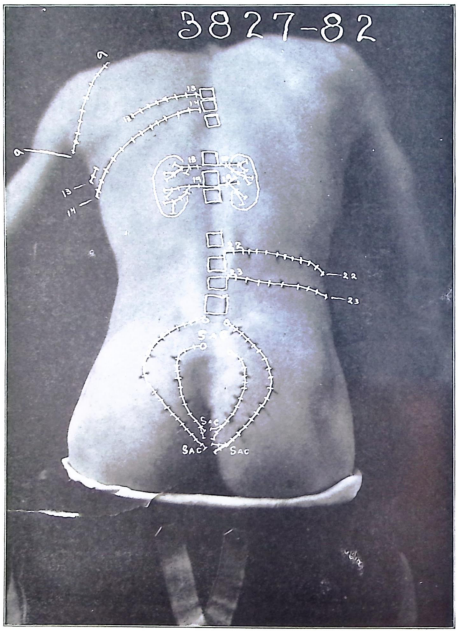


Illustration No. 531.—For description see page 762.

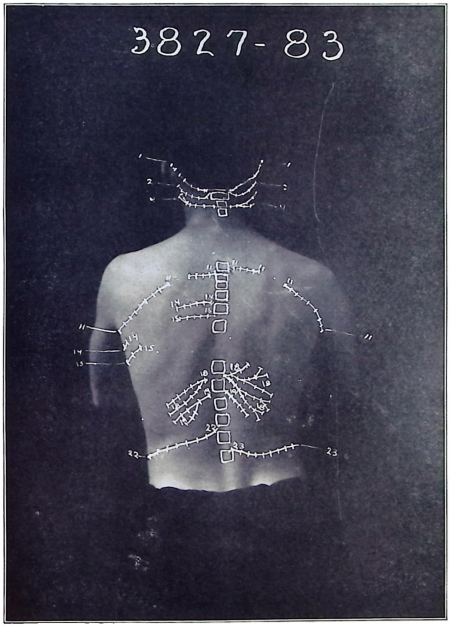


Illustration No. 532.—Mr. H. For description see page 762.

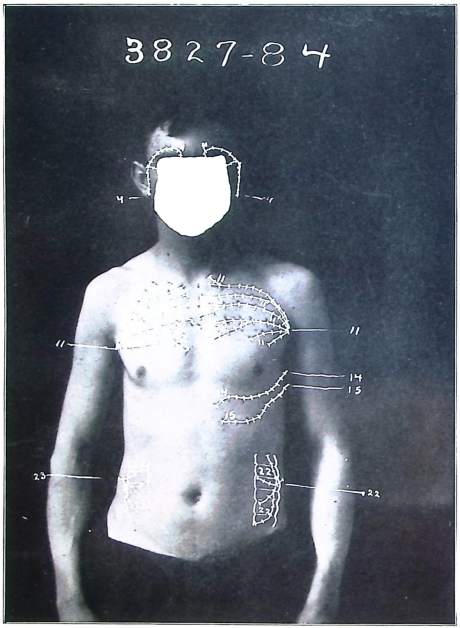


Illustration No. 533.—For description see page 762.

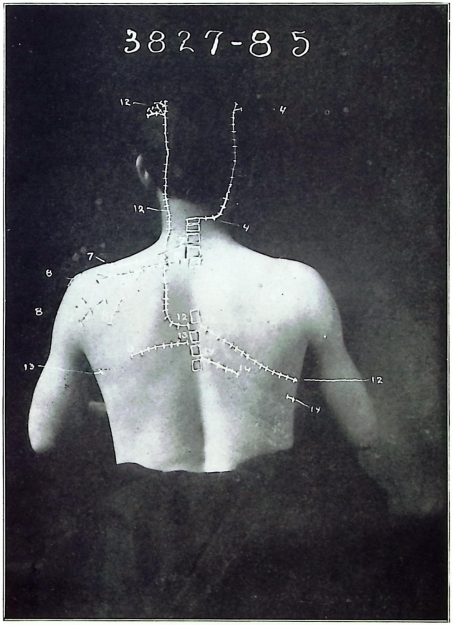


Illustration No. 534.—Mr. B. For description see page 762.



Illustration No. 535.—Mr. B. For description see page 762.

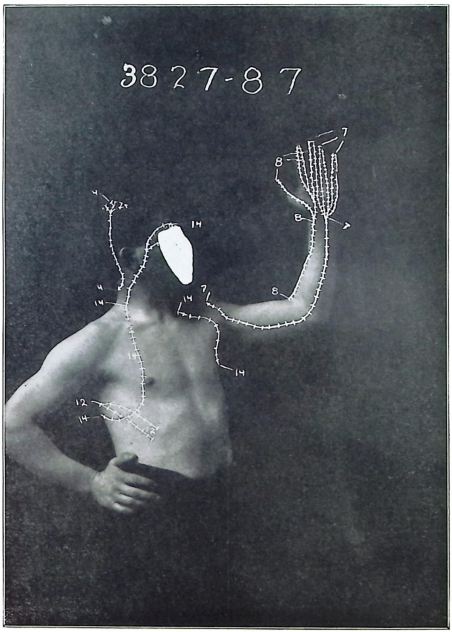


Illustration No. 536.—Mr. B. For description see page 763.

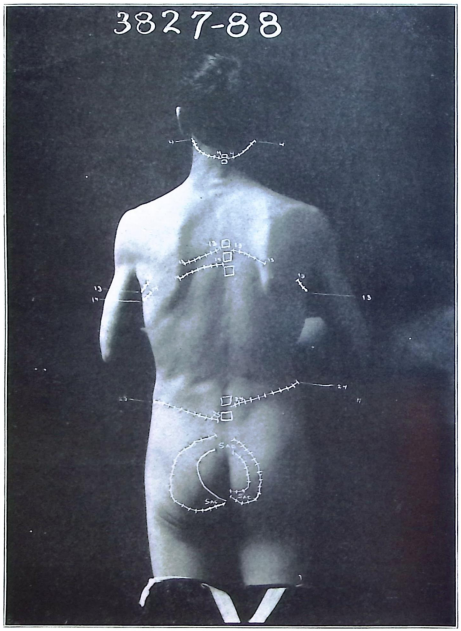


Illustration No. 537—Mr. S. For description see page 763.

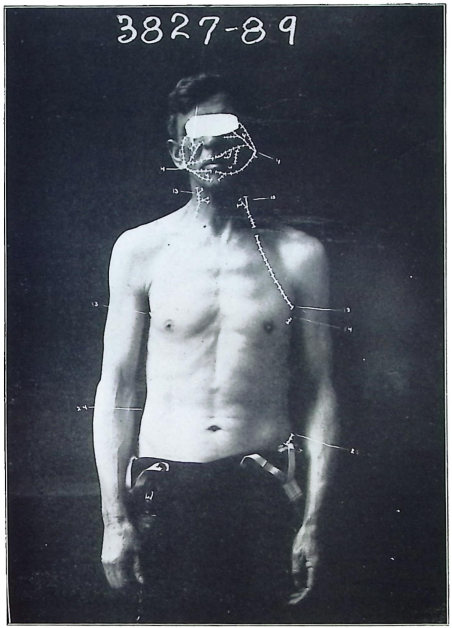


Illustration No. 538.—Mr. S. For description see page 763.

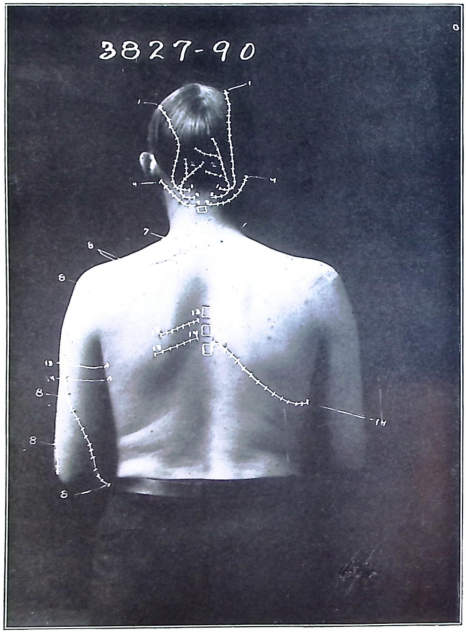


Illustration No. 539.—Mr. A. For description see page 763.

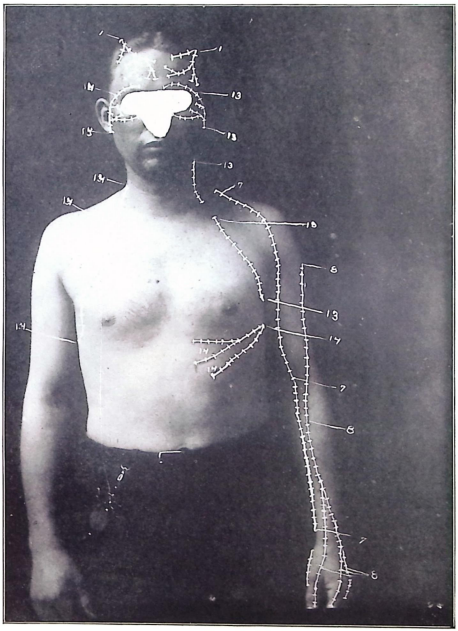


Illustration No. 540.—Mr. A. For description see page 763.



Illustration No. 541.—Mr. A. For description see page 763.



Illustration No. 542.—Mr. A. For description see page 764.

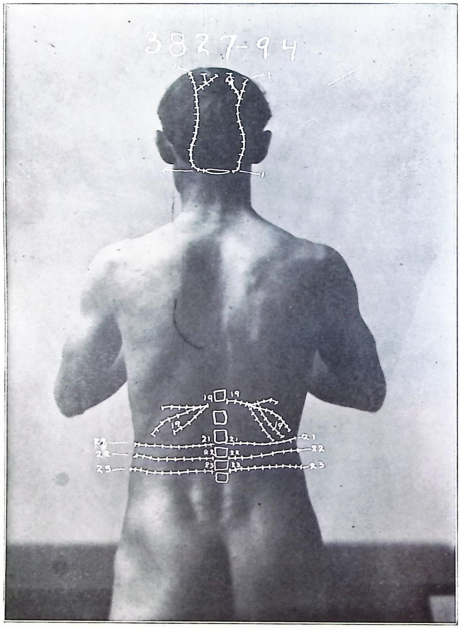


Illustration No. 543.—Mr. R. For description see page 764.

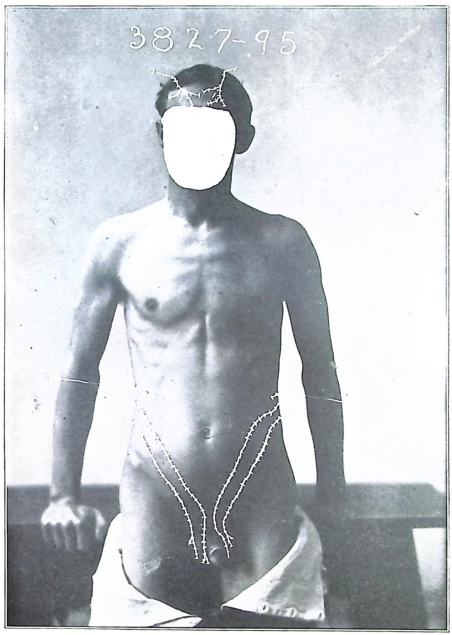


Illustration No. 544.—Mr. R. For description see page 764.

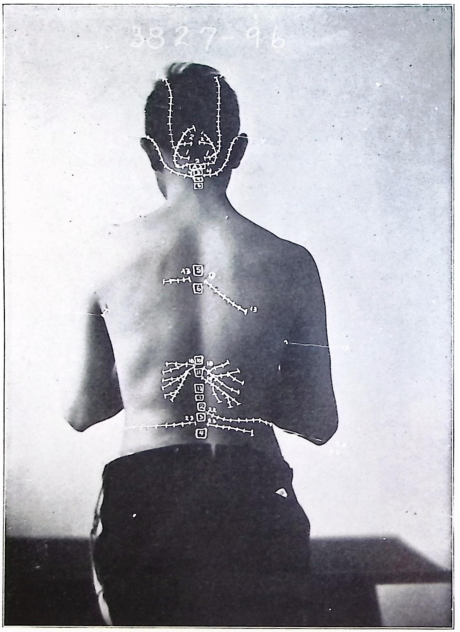


Illustration No. 545.—Mr. R. For description see page 764.

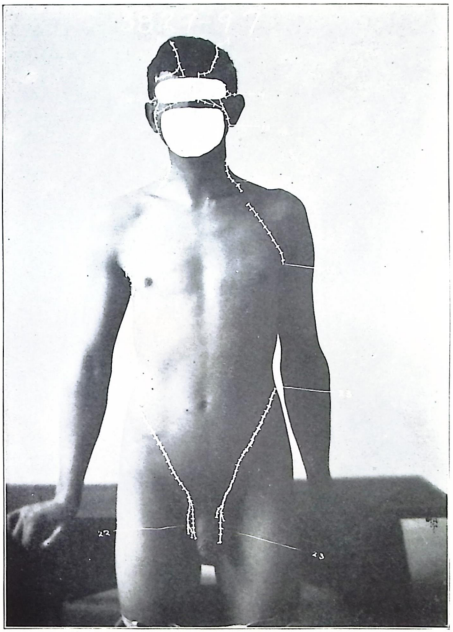


Illustration No. 546.—Mr. D. For description see page 764.

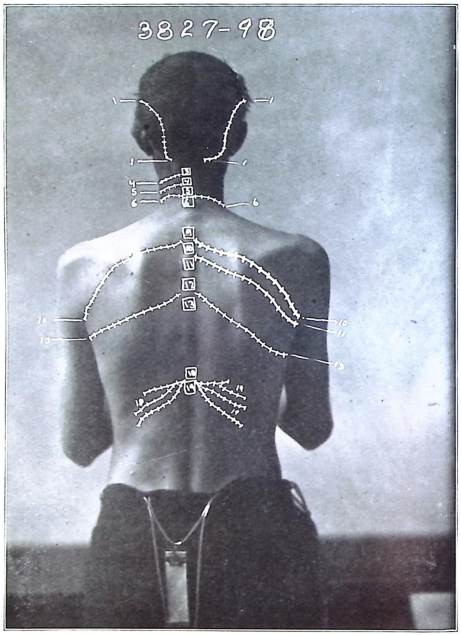


Illustration No. 547.—Mr. H. For description see page 765.

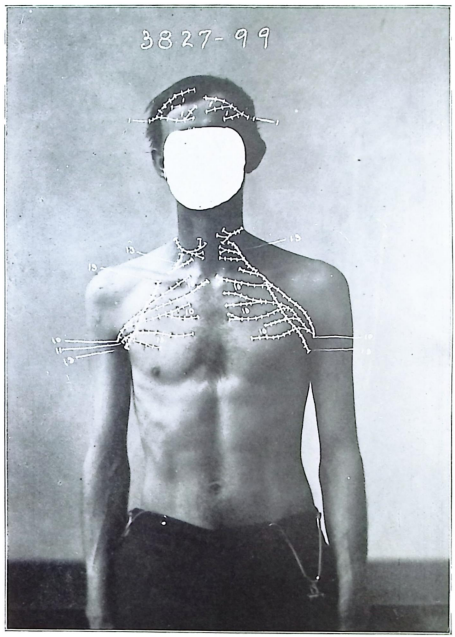


Illustration No. 548.—Mr. H. For description see page 765.

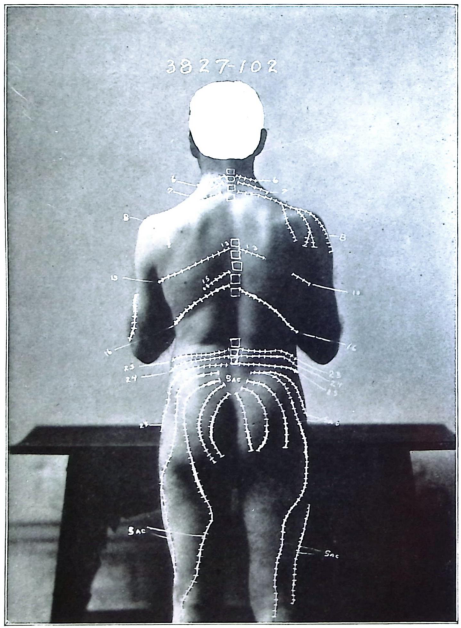


Illustration No. 549.—Mr. H. For description see page 765.

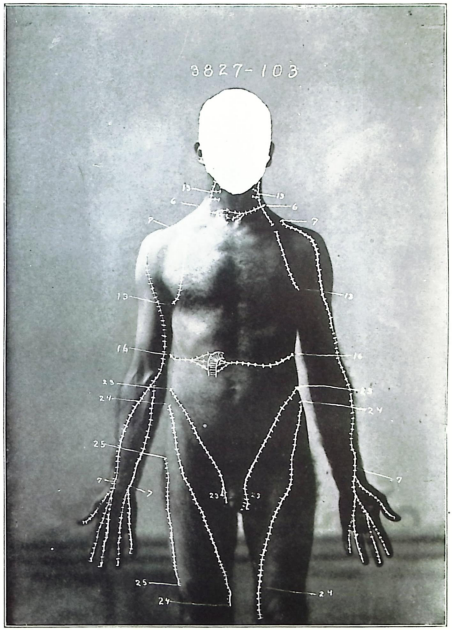


Illustration No. 550.—Mr. S. For description see page 765.



Illustration No. 551.—Mr. S. For description see page 765.

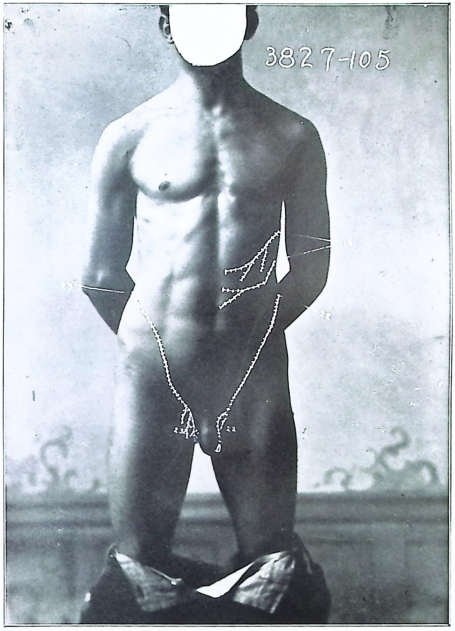


Illustration No. 552.—Mr. M. For description see page 766.

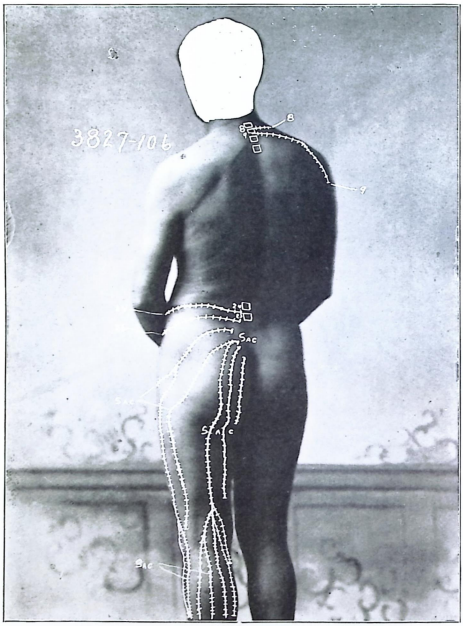


Illustration No. 553.—Mr. M. For description see page 766.

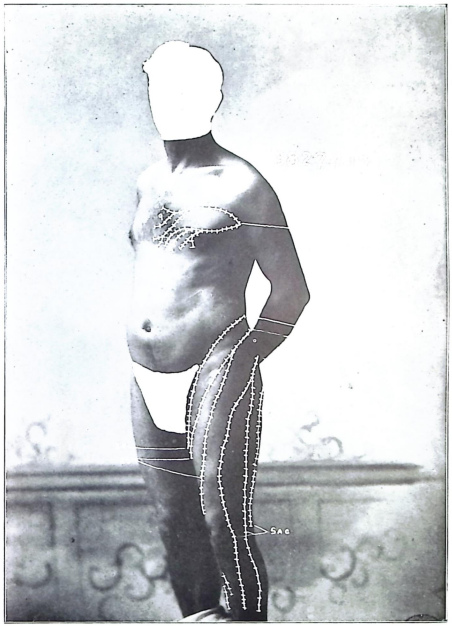


Illustration No. 554.—Mr. K. For description see page 766.



Illustration No. 555.—Mr. K. For description see page 766.

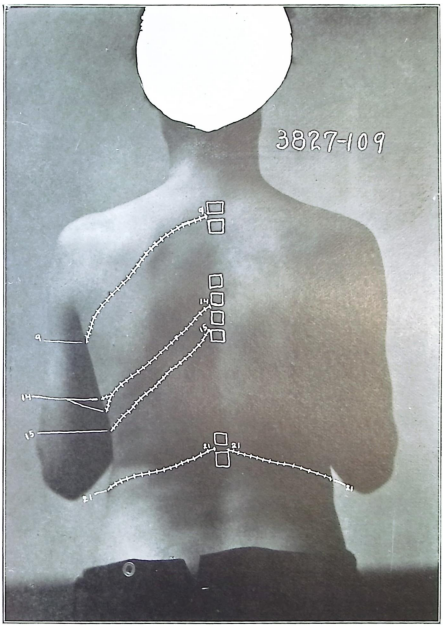


Illustration No. 556.—Mr. H. For description see page 766.

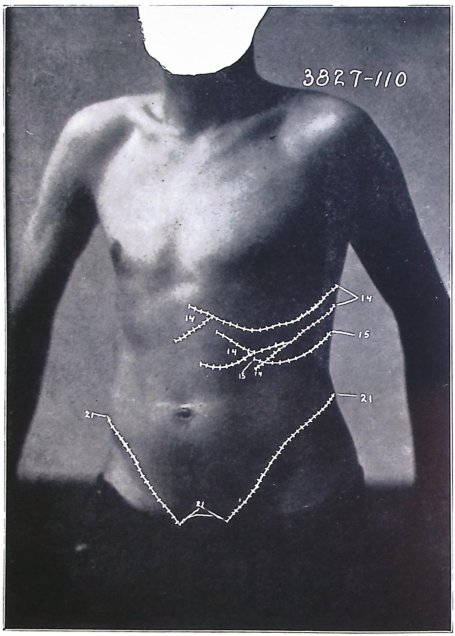


Illustration No. 557.—Mr. H. For description see page 766.

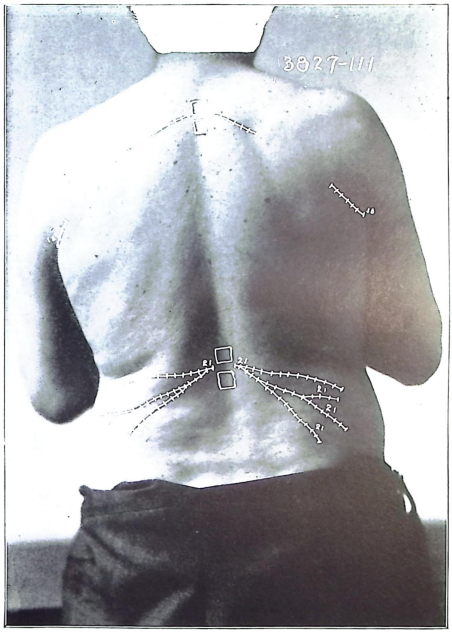


Illustration No. 558.—Mr. Mc. For description see page 766.

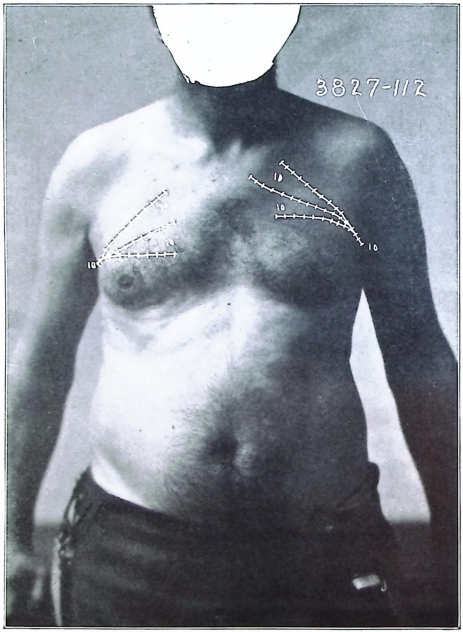


Illustration No. 559.—Mr. Mc. For description see page 767.

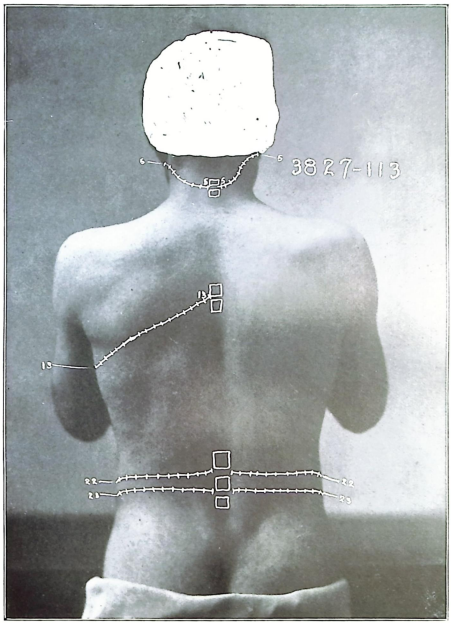


Illustration No. 560.—Mr. B. For description see page 767.

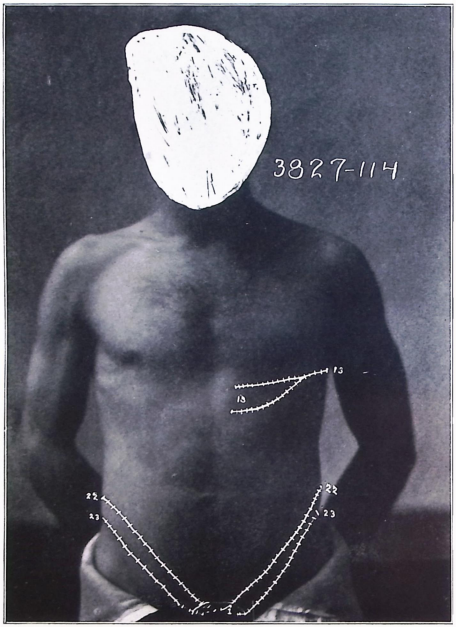


Illustration No. 561.—Mr. B. For description see page 767.

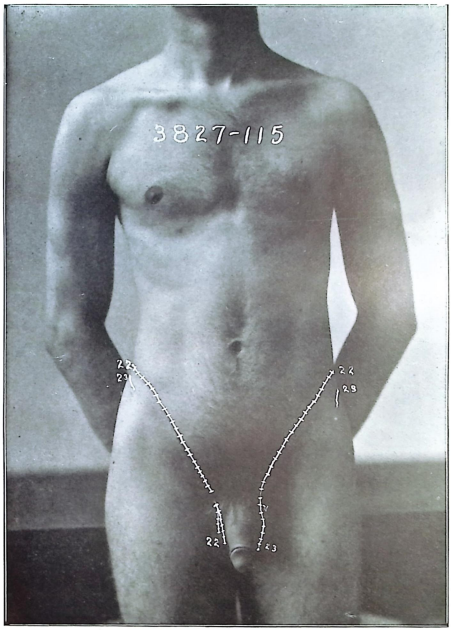


Illustration No. 562—Mr. C. For description see page 767.

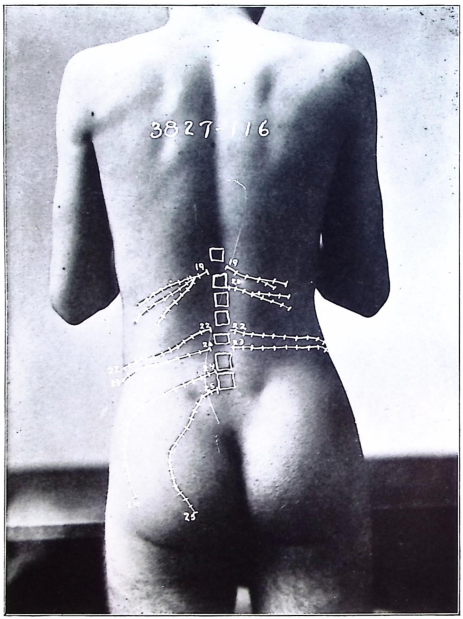


Illustration No. 563—Mr. C. For description see page 767.

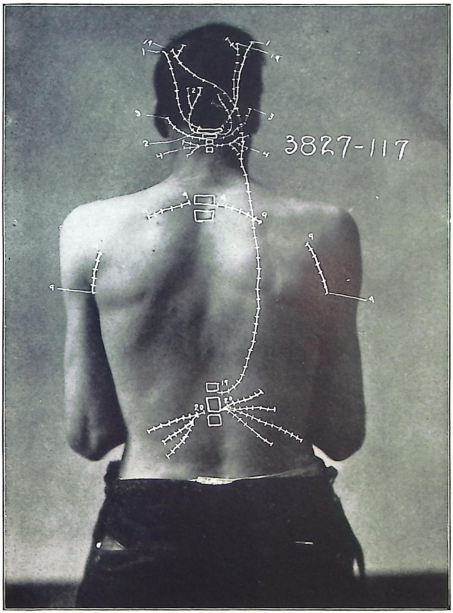


Illustration No. 564—Mr. S. For description see page 767.

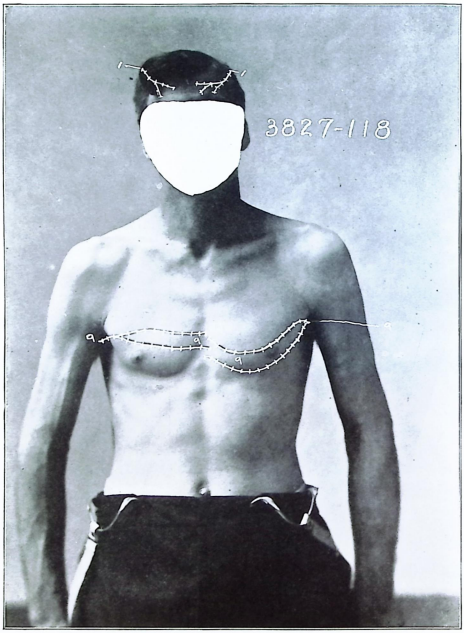


Illustration No. 565—Mr. S. For description see page 767.

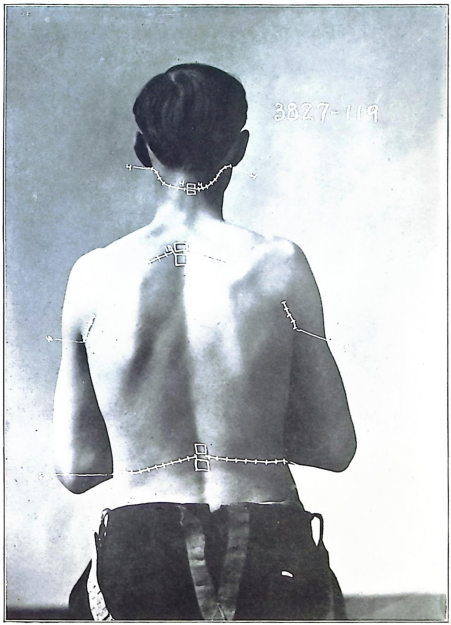


Illustration No. 566.—Mr. E. For description see page 767.

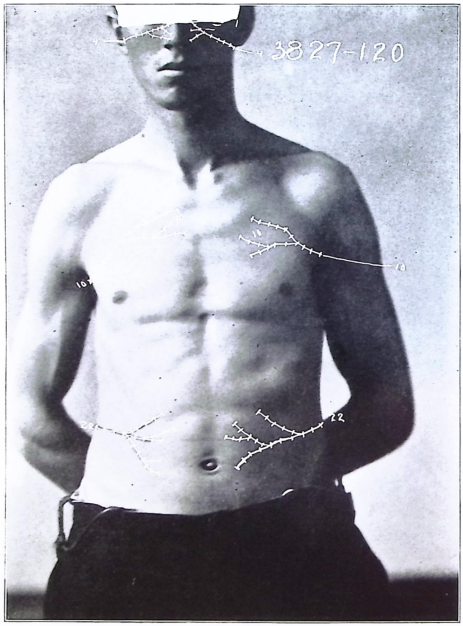


Illustration No. 567.—Mr. E. For description see page 768.

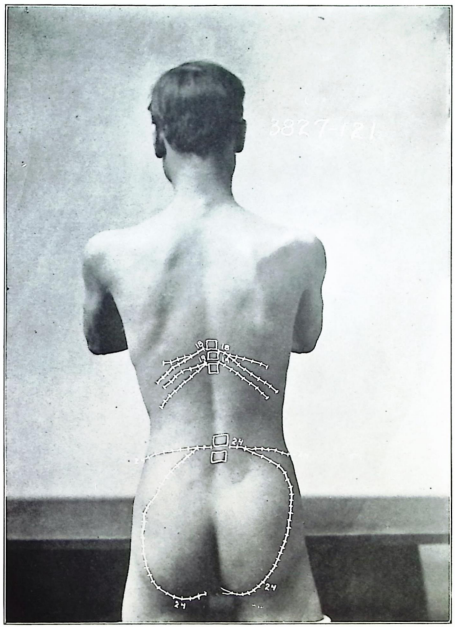


Illustration No. 568.—Mr. F. For description see page 768.

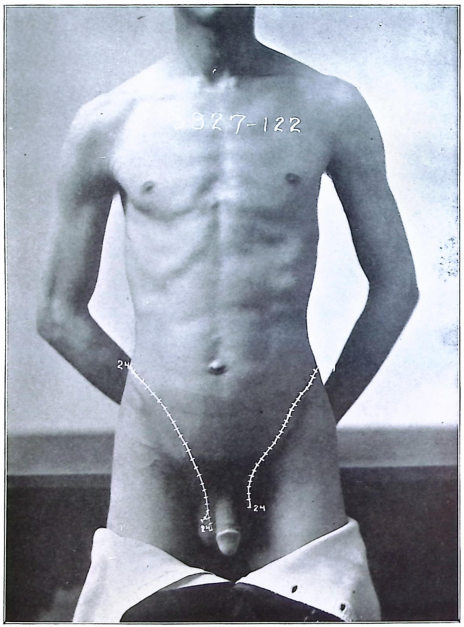


Illustration No. 569.—Mr. F. For description see page 768.

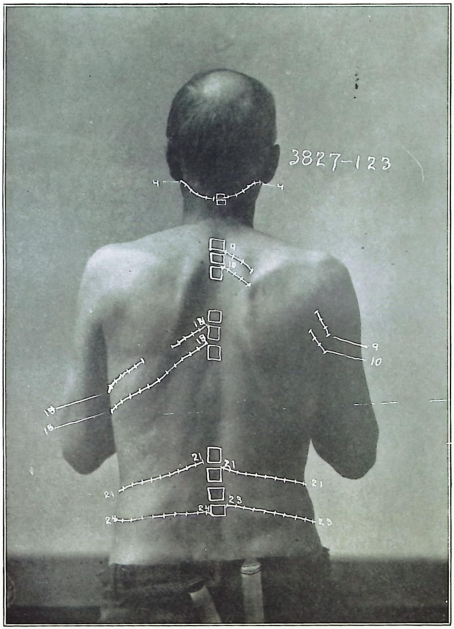


Illustration No. 570.—Mr. P. For description see page 768.

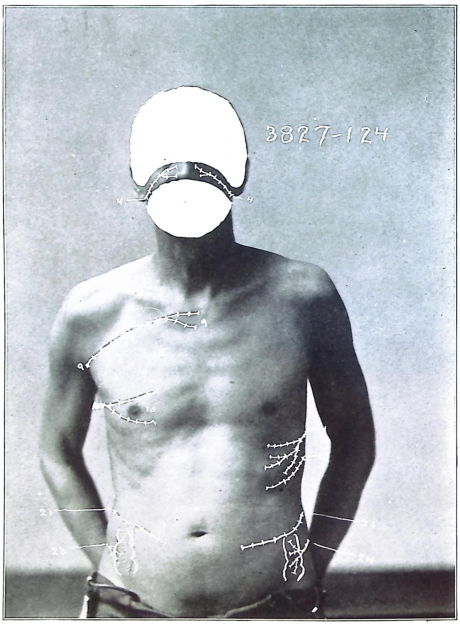


Illustration No. 571.—Mr. P. For description see page 768.

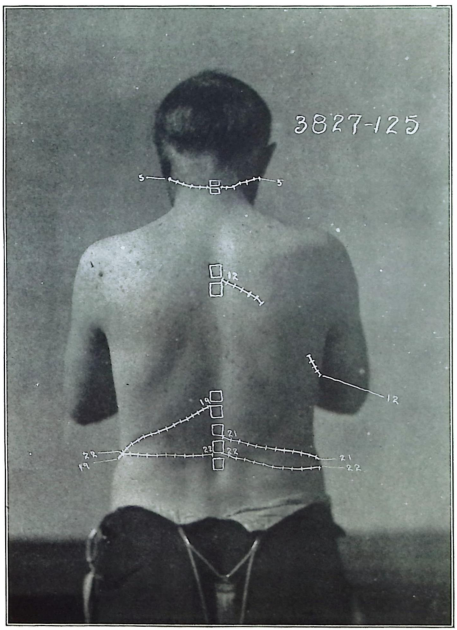


Illustration No. 572.—Mr. W. For description see page 768.

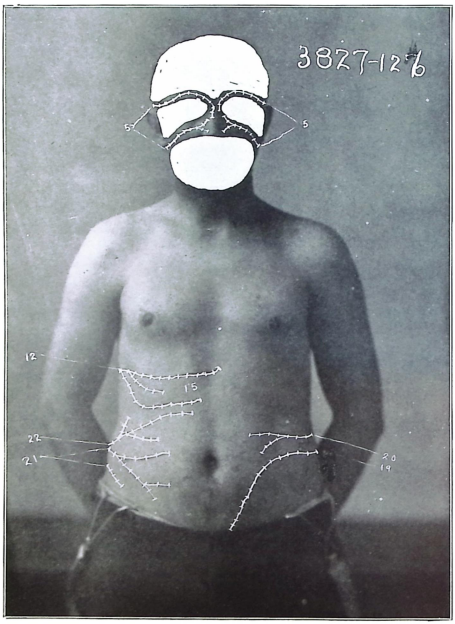


Illustration No. 573.—Mr. W. For description see page 768.



Illustration No. 574.—Mrs. H. For description see page 769.



Illustration No. 575.—Mrs. H. For description see page 769.

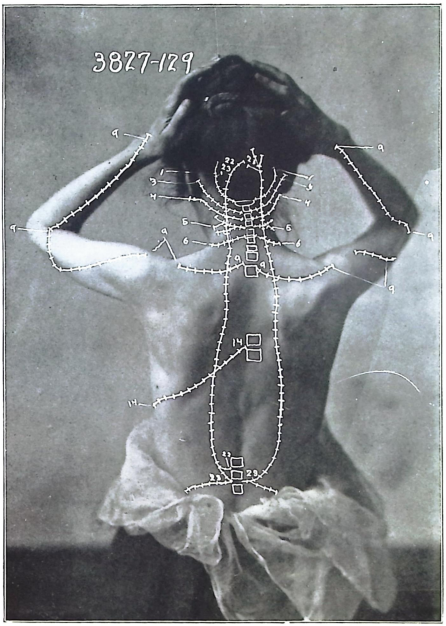


Illustration No. 576.—Mrs. R. For description see page 769.



Illustration No. 577.—Mrs. R. For description see page 769.



Illustration No. 578.—Mr. G. For description see page 769.



Illustration No. 579.—Mr. G. For description see page 769.

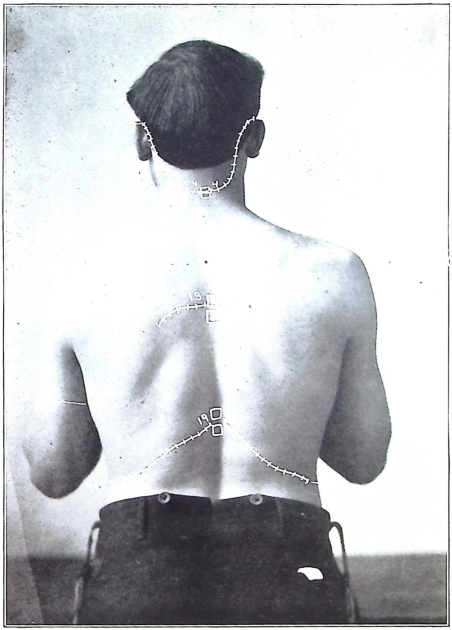


Illustration No. 580.—Mr. T. For description see page 770.

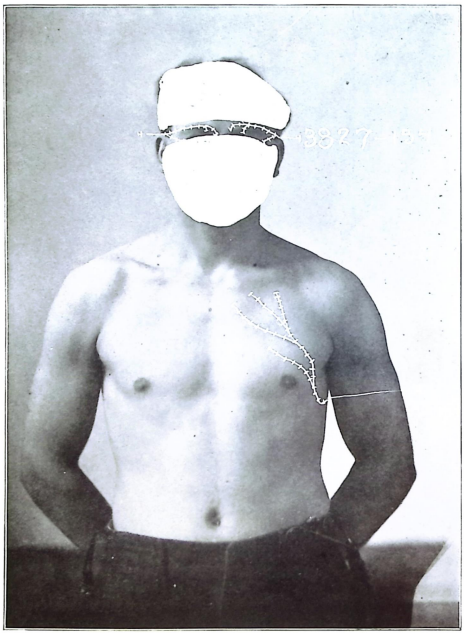


Illustration No. 581.—Mr. T. For description see page 770.



Illustration No. 582.—Miss W. For description see page 770.



Illustration No. 583.—Miss W. For description see page 770.

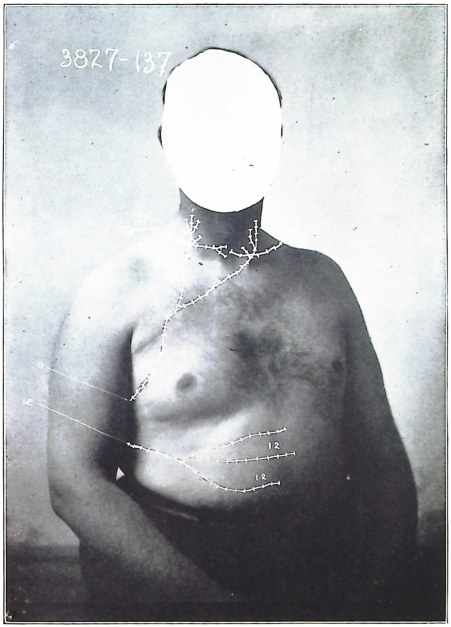


Illustration No. 584.—Mr. G. For description see page 770.



Illustration No. 585.—Mr. G. For description see page 770.

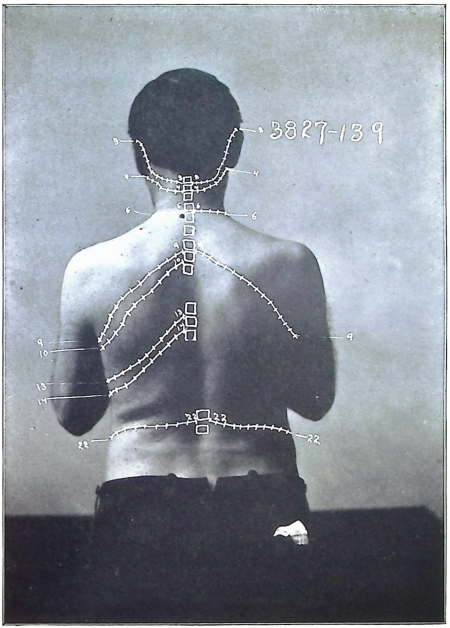


Illustration No. 586.—Mr. M. For description see page 770.

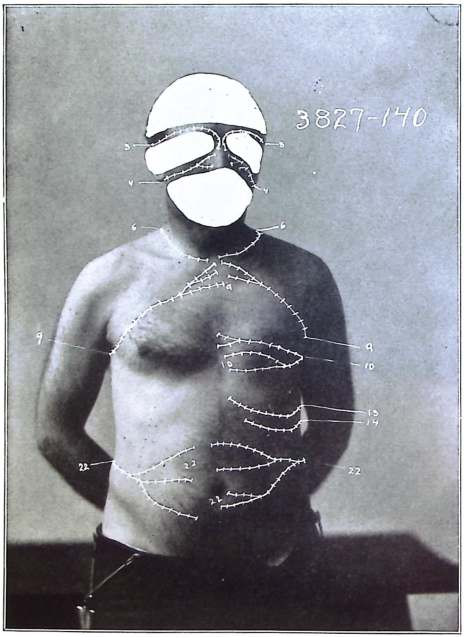


Illustration No. 587.—Mr. M. For description see page 771.

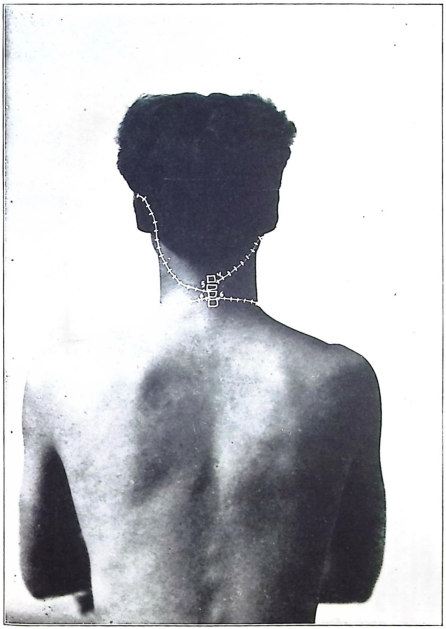


Illustration No. 588.—Mr. H. For description see page 771.

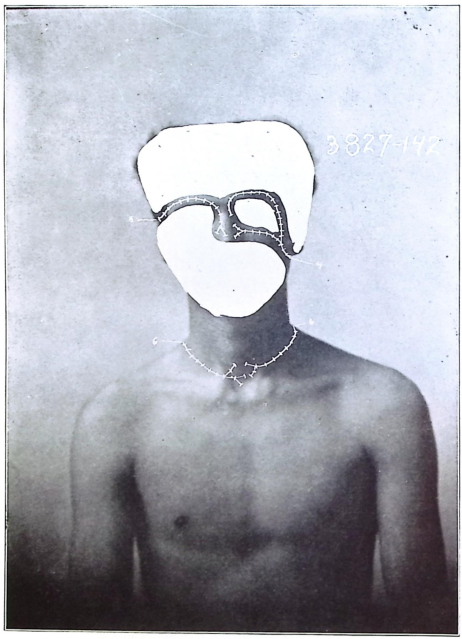


Illustration No. 589.—Mr. H. For description see page 771.

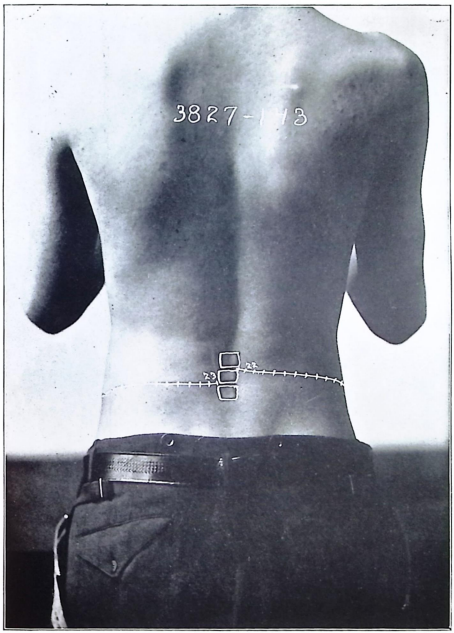


Illustration No. 590.—Mr. H. For description see page 771.

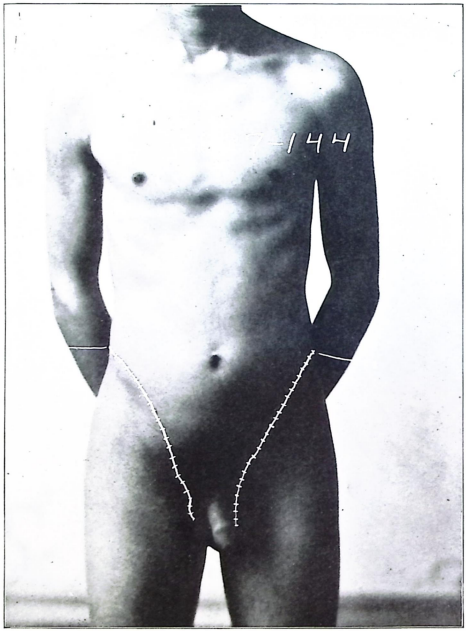


Illustration No. 591.—Mr. H. For description see page 771.

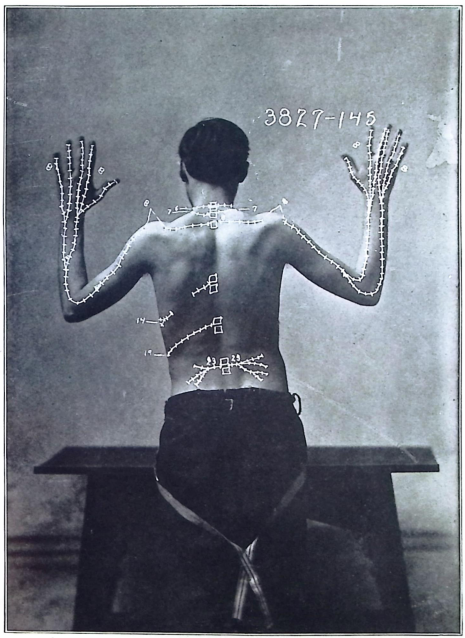


Illustration No. 592.—Mr. H. For description see page 771.



Illustration No. 593.—Mr. H. For description see page 771.

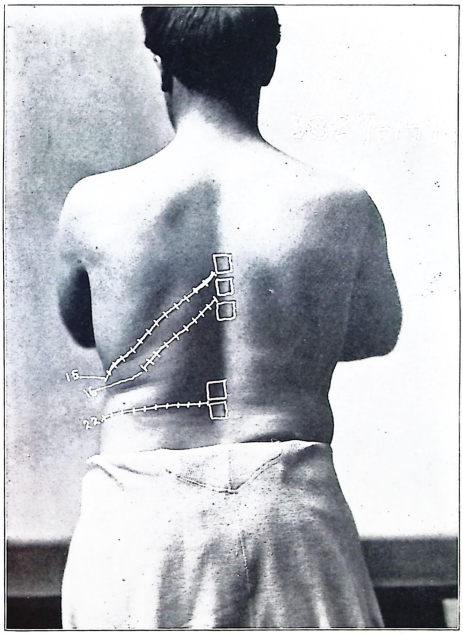


Illustration No. 594.—Mr. J. For description see page 772.

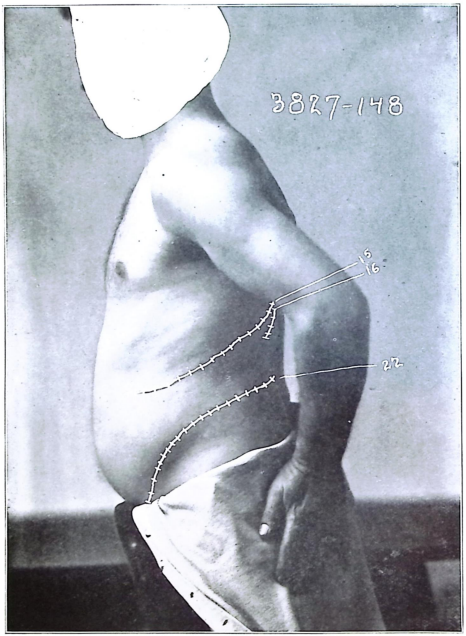


Illustration No. 595.—Mr. J. For description see page 772.

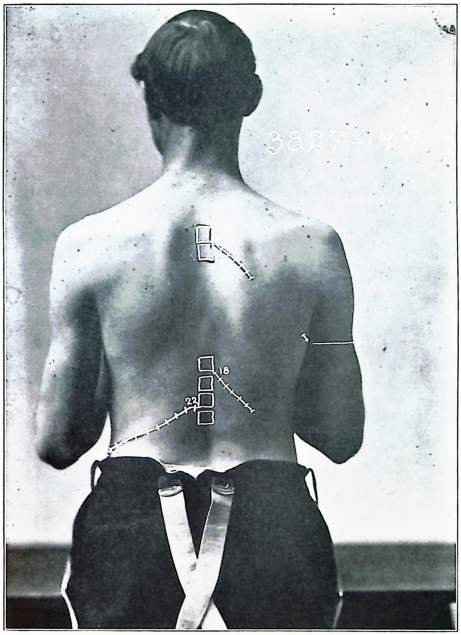


Illustration No. 596.—Mr. M. For description see page 772.

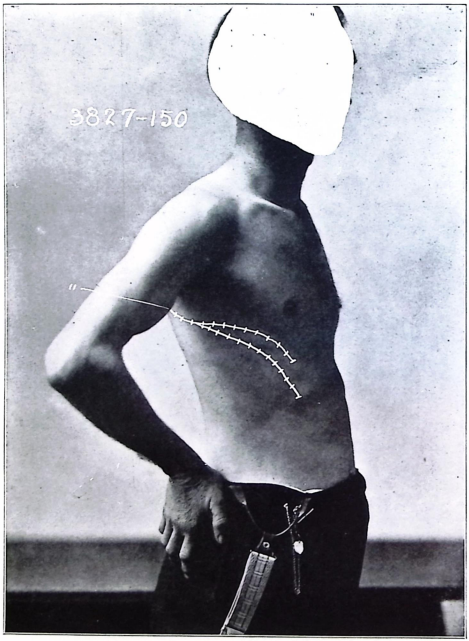


Illustration No. 597.—Mr. M. For description see page 772.

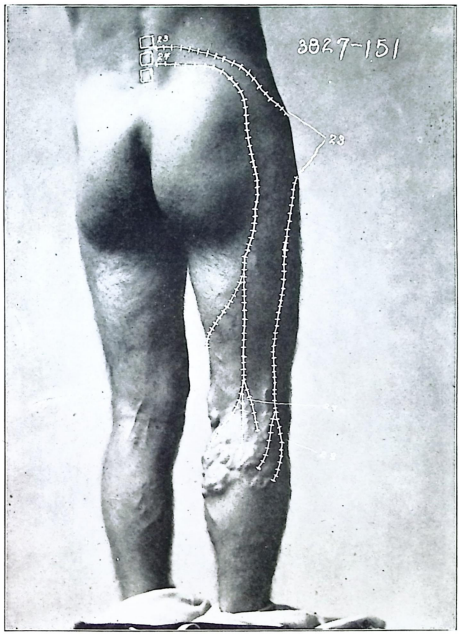


Illustration No. 598.—Mr. C. For description see page 772.



Illustration No. 599.—Mr. C. For description see page 772.

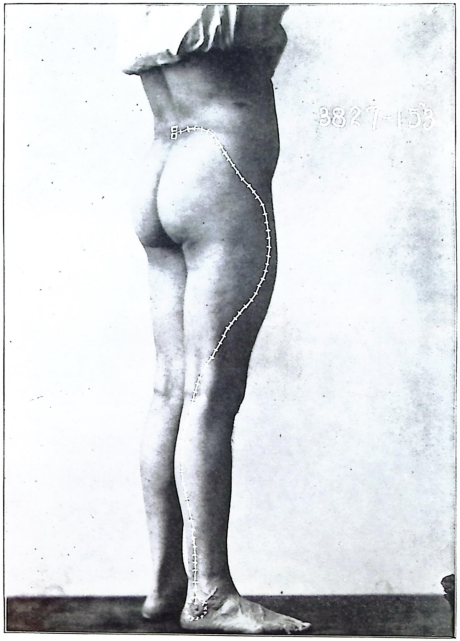


Illustration No. 600.—Mr. Mc. For description see page 772.

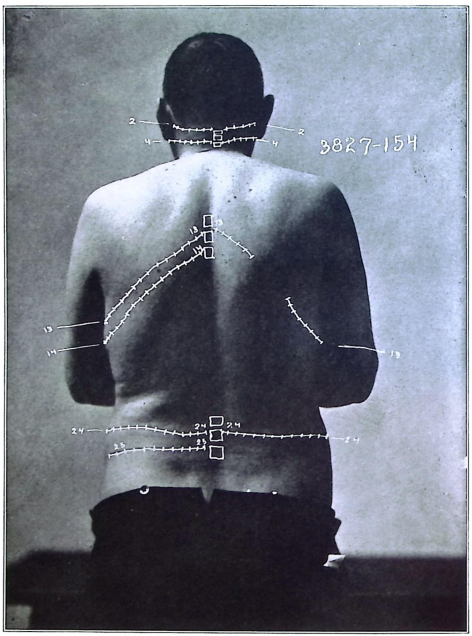


Illustration No. 601.—Mr. D. For description see page 772.



Illustration No. 602.—Mr. D. For description see page 772.



Illustration No. 603.—Mrs. N. For description see page 773.

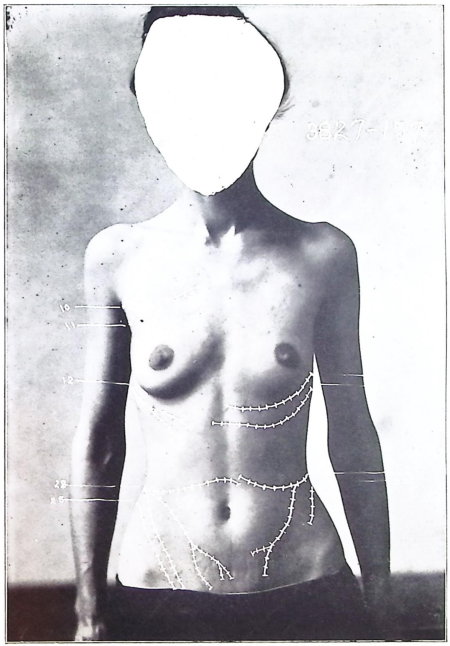


Illustration No. 604.—Mrs. N. For description see page 773.

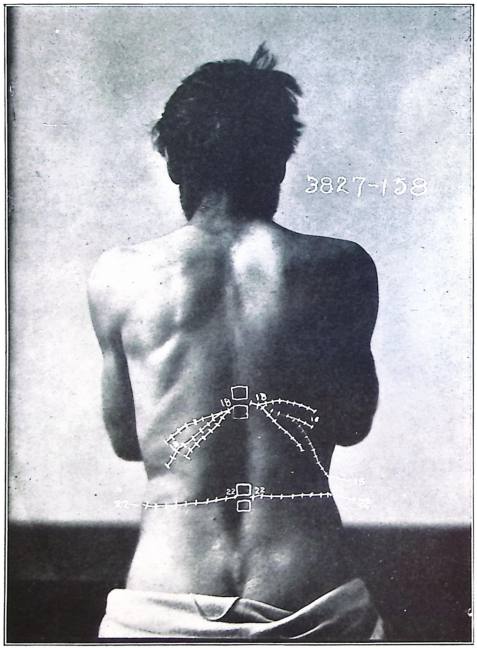


Illustration No. 605.—Mr. D. For description see page 773.

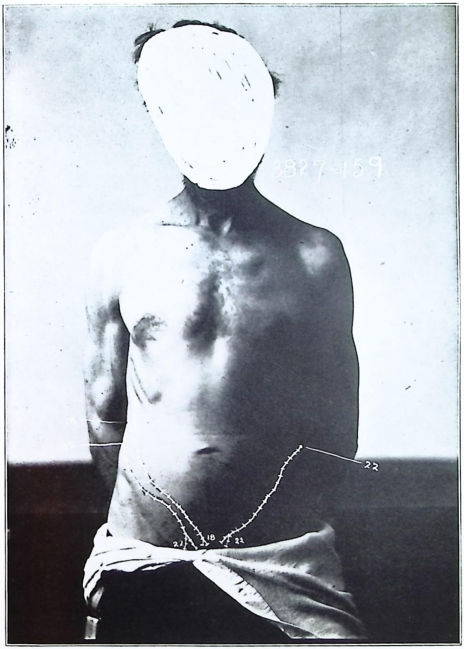


Illustration No. 606.—Mr. D. For description see page 773.

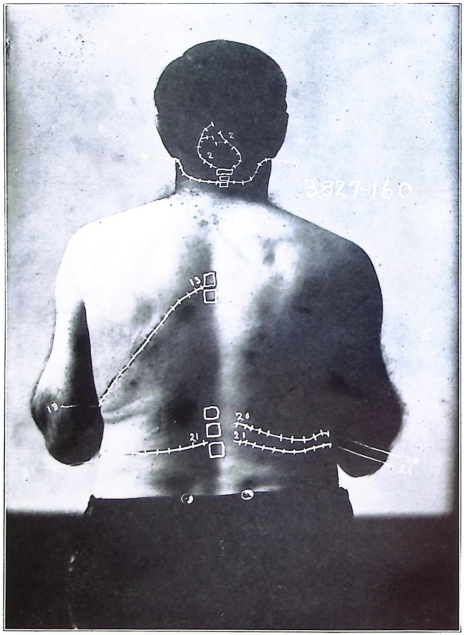


Illustration No. 607.—Mr. S. For description see page 773.



Illustration No. 608.—Mr. S. For description see page 773.

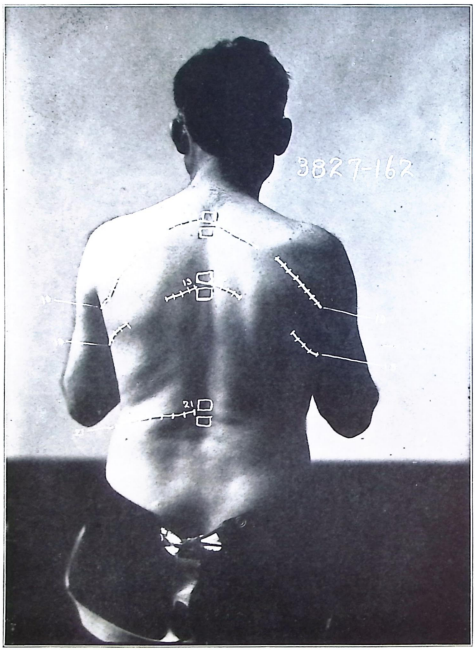


Illustration No. 609.—Mr. G. For description see page 773.

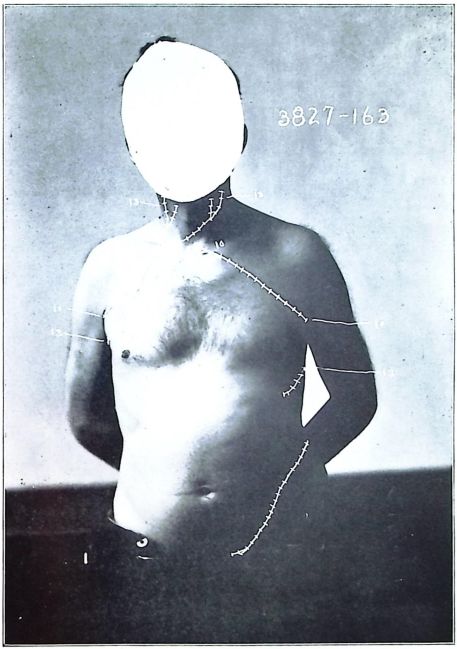


Illustration No. 610.—Mr. G. For description see page 773.

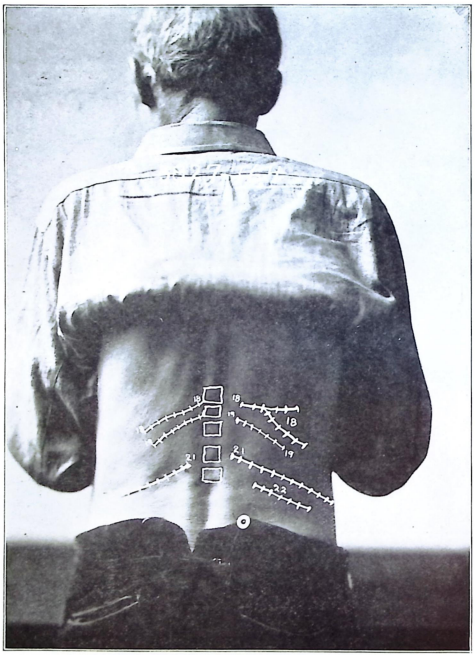


Illustration No. 611.—Mr. W. For description see page 774.

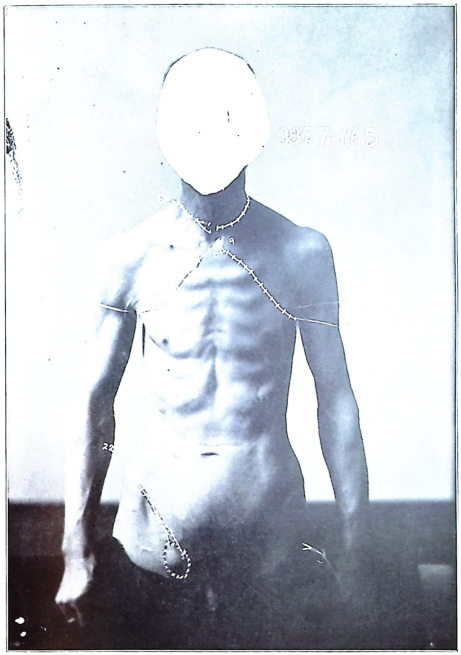


Illustration No. 612.—Mr. P. For description see page 774.

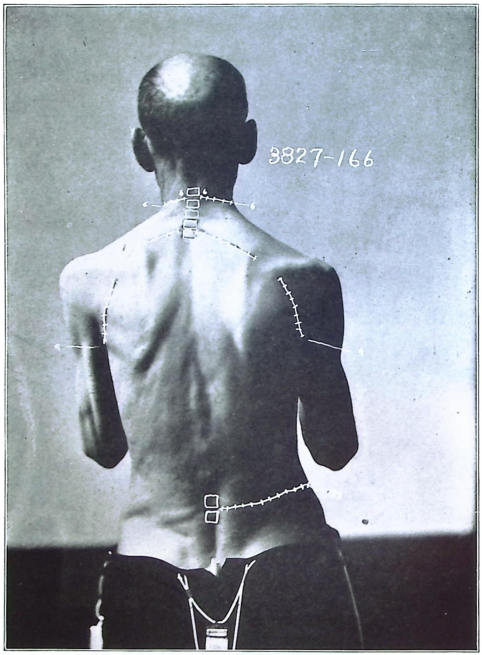


Illustration No. 613.—Mr. P. For description see page 774.



Illustration No. 614.—Mr. D. For description see page 774.

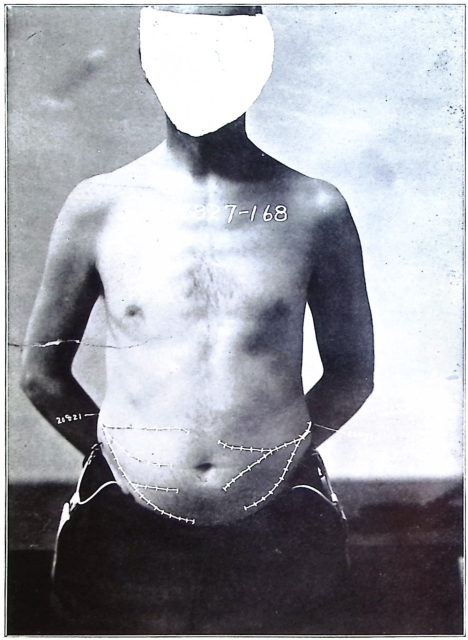


Illustration No. 615.—Mr. D. For description see page 774.



Illustration No. 616.—Mr. K. For description see page 774.

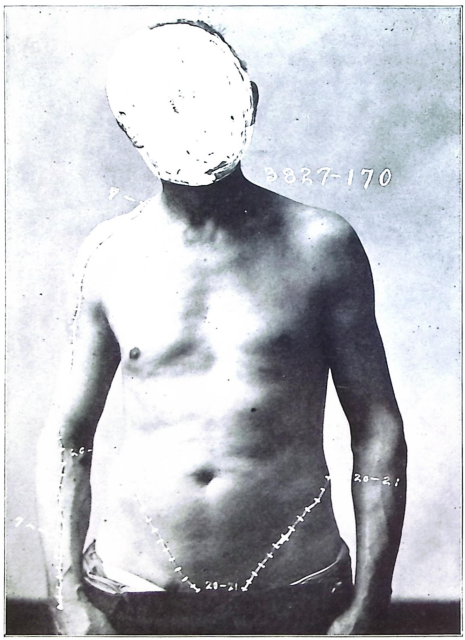


Illustration No. 617.—Mr. K. For description see page 774.

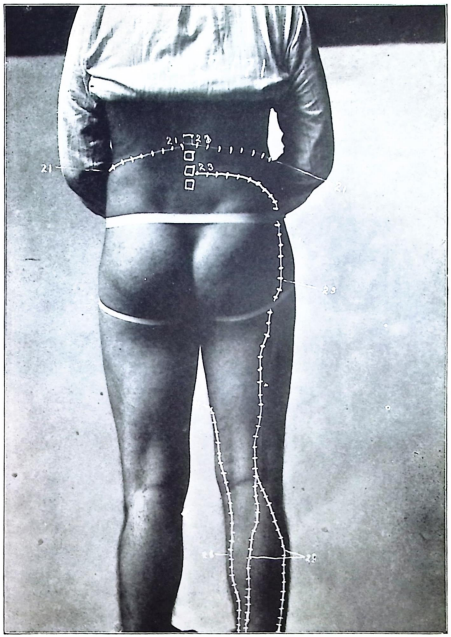


Illustration No. 618.—Mr. M. For description see page 774.

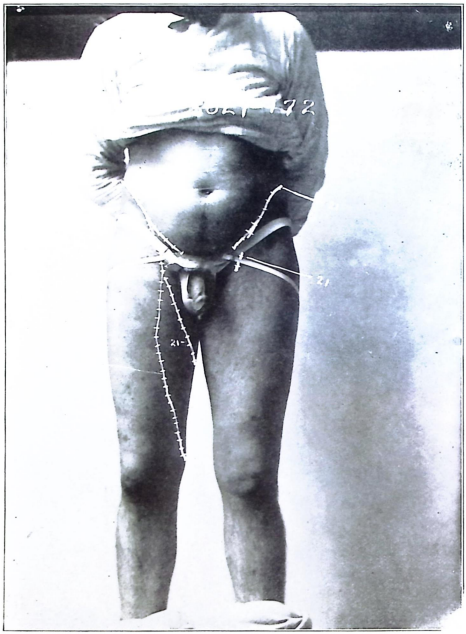


Illustration No. 619.—Mr. M. For description see page 775.

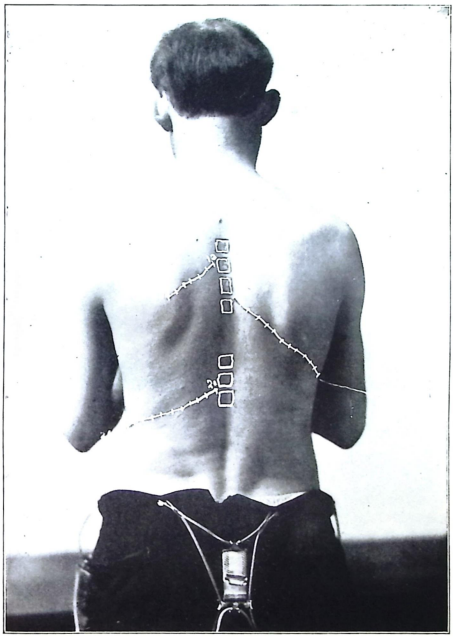


Illustration No. 620.—Mr. D. For description see page 775.

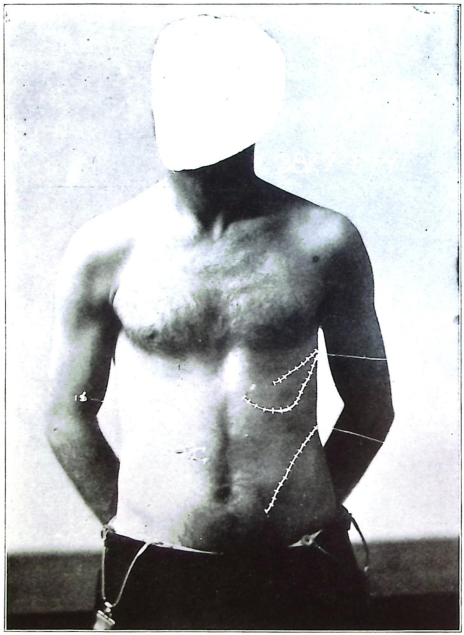


Illustration No. 621.—Mr. D. For description see page 775.

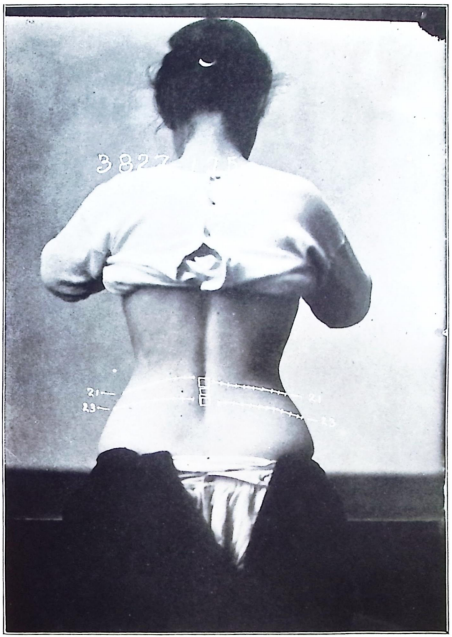


Illustration No. 622.—Mrs. H. For description see page 775.



Illustration No. 623.—Mrs. H. For description see page 775.

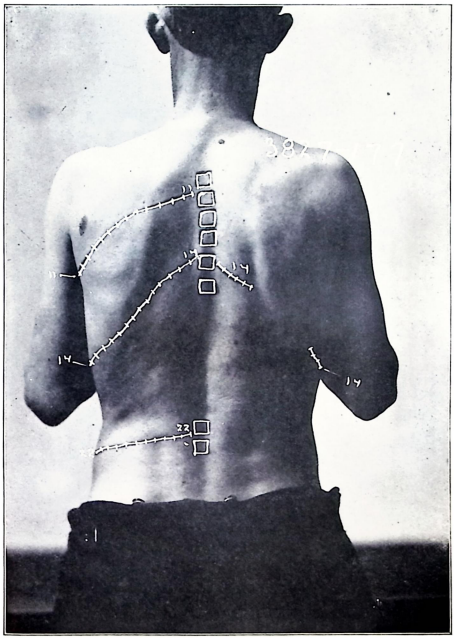


Illustration No. 624.—Mr. C. For description see page 775.

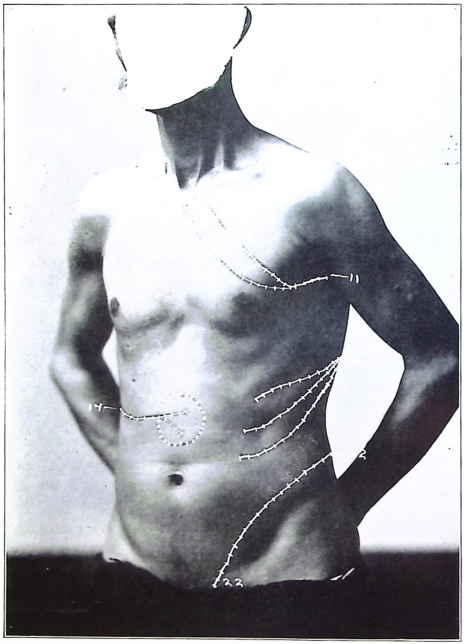


Illustration No. 625.—Mr. C. For description see page 775.

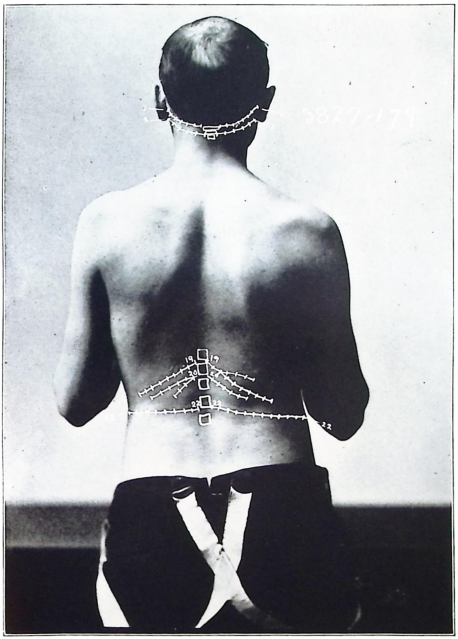


Illustration No. 626.—Mr. J. For description see page 775.

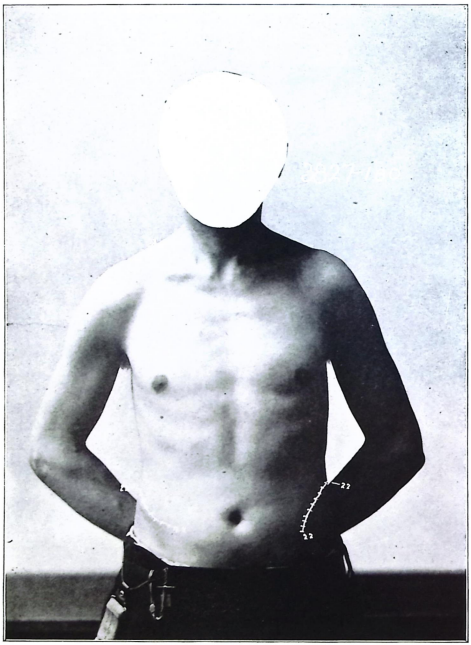


Illustration No. 627.—Mr. J. For description see page 776.

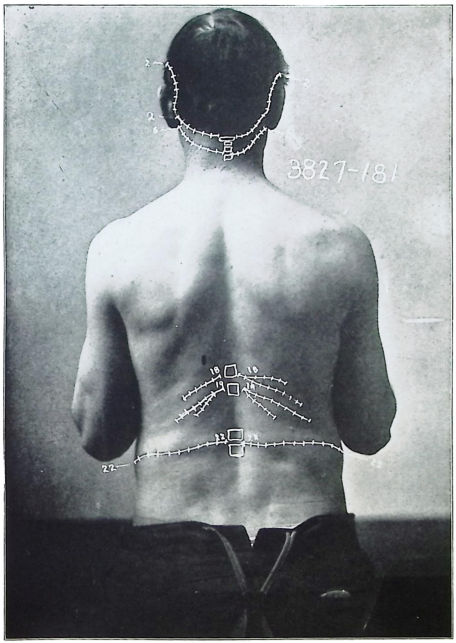


Illustration No. 628.—Mr. B. For description see page 776.

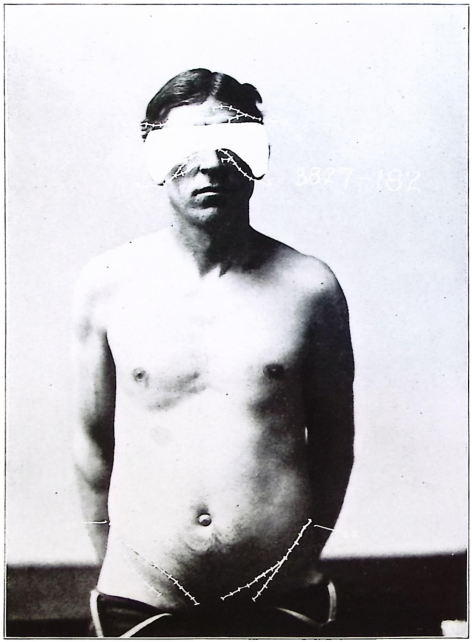


Illustration No. 629.—Mr. B. For description see page 776.



Illustration No. 630.—Mr. Mc. For description see page 776.



Illustration No. 631.—Mr. Mc. For description see page 776.



Illustration No. 632.—Mr. Mc. For description see page 776.

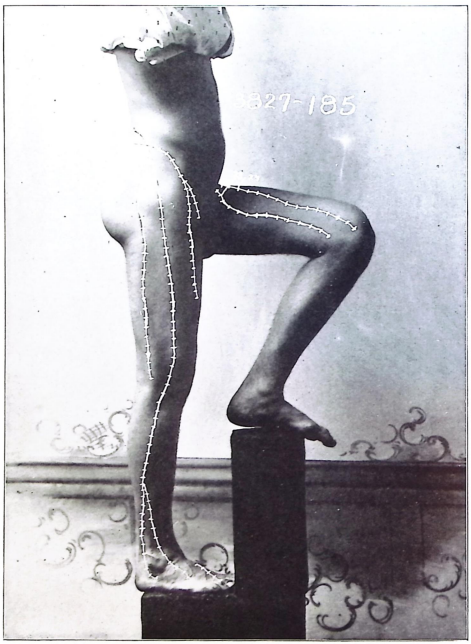


Illustration No. 633.—Mr. Mc. For description see page 776.



Illustration No. 634.—Mr. Mc. For description see page 777.



Illustration No. 635.—Mr. W. For description see page 777.



Illustration No. 636.—Mr. W. For description see page 777.

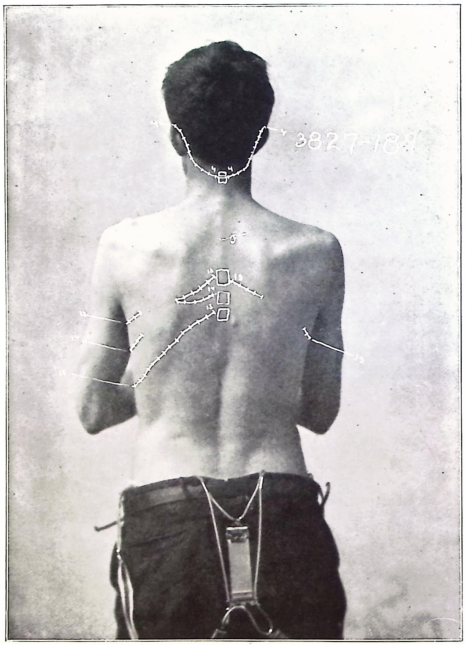


Illustration No. 637.—Mr. B. For description see page 777.

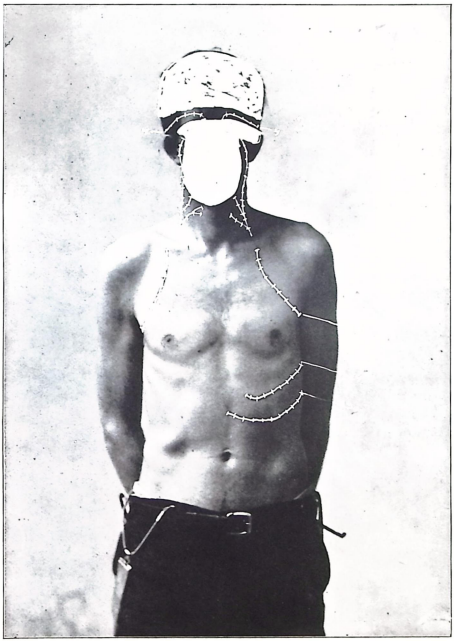


Illustration No. 638.—Mr. B. For description see page 777.



Illustration No. 639.—Mr. H. For description see page 777.

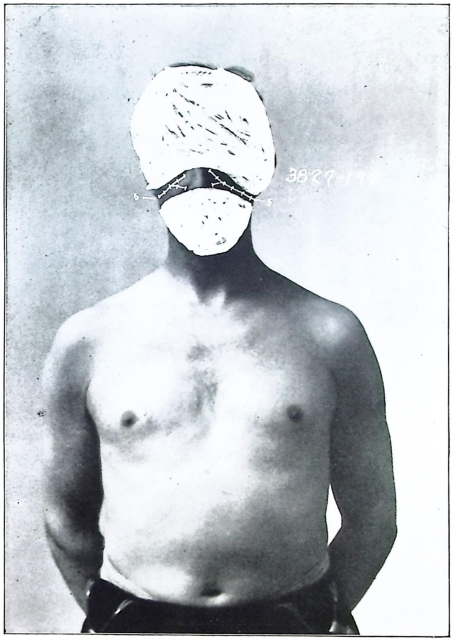


Illustration No. 640.—Mr. H. For description see page 777.



Illustration No. 641.—Mrs. H. For description see page 777.



Illustration No. 642.—Mrs. H. For description see page 777.

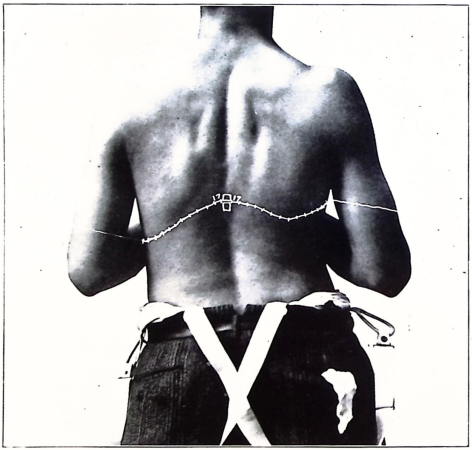


Illustration No. 643.—Mr. I. For description see page 778.

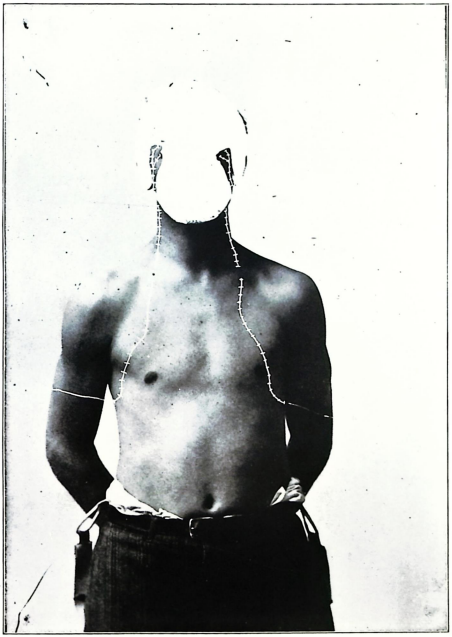


Illustration No. 644.—Mr. I. For description see page 778.

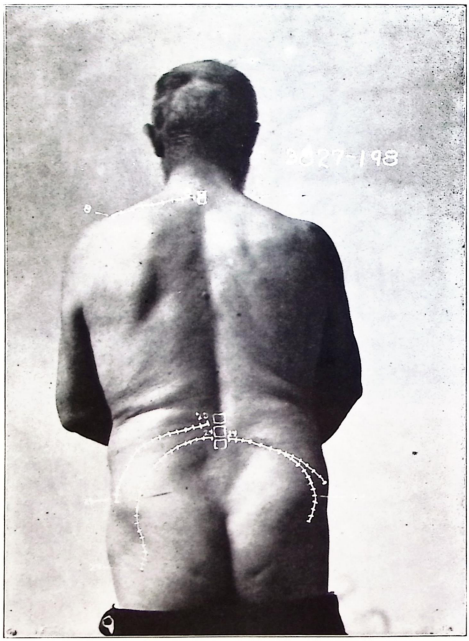


Illustration No. 645.—Mr. C. For description see page 778.



Illustration No. 646.—Mr. C. For description see page 778.

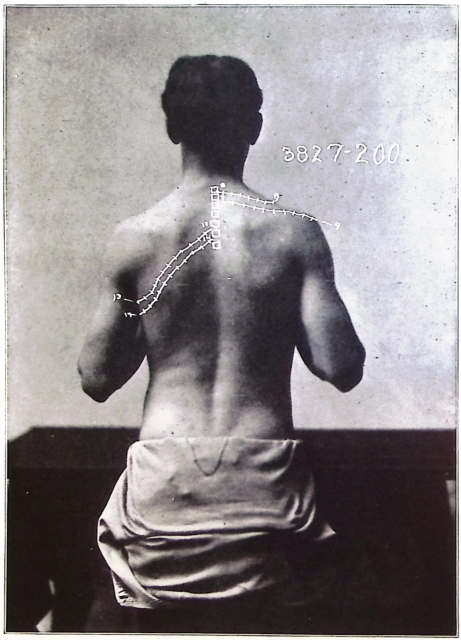


Illustration No. 647.—Mr. C. For description see page 778.

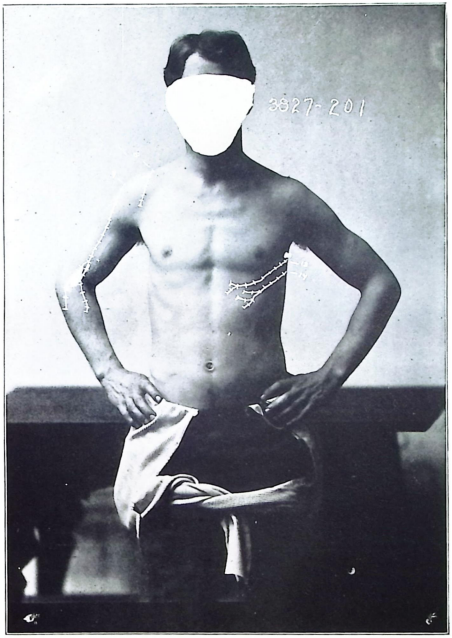


Illustration No. 648.—Mr. C. For description see page 778.



Illustration No. 649.—Mr. G. For description see page 778.



Illustration No. 650.—Mr. G. For description see page 778.



Illustration No. 651.—Mr. A. For description see page 778.



Illustration No. 652.—Mr. A. For description see page 779.



Illustration No. 653.—Mr. L. For description see page 779.



Illustration No. 654.—Mr. L. For description see page 779.

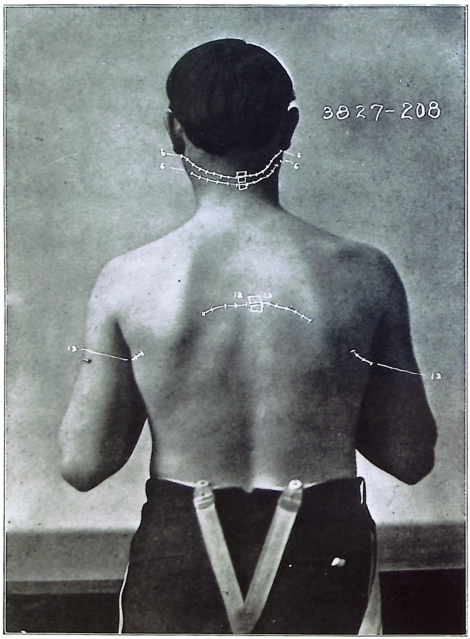


Illustration No. 655.—Mr. M. For description see page 779.

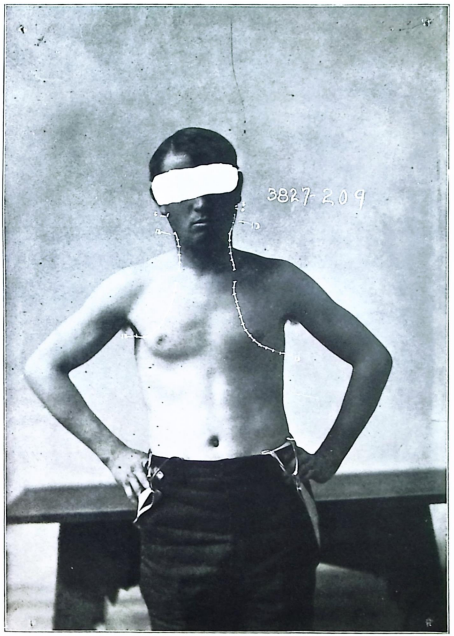


Illustration No. 656.—Mr. M. For description see page 779.

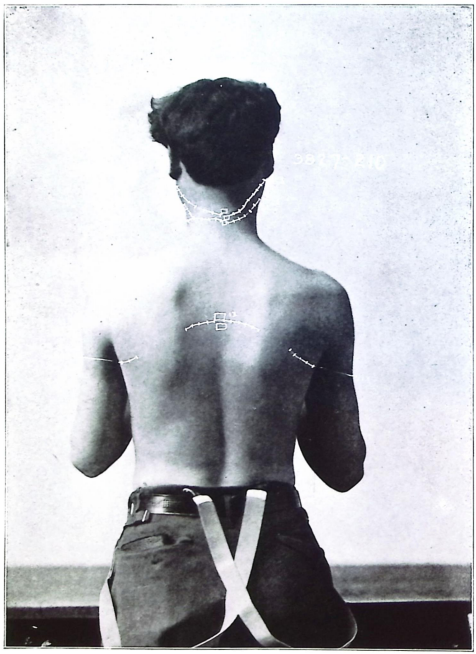


Illustration No. 657.—Mr. H. For description see page 779.



Illustration No. 658.—Mr. H. For description see page 779.

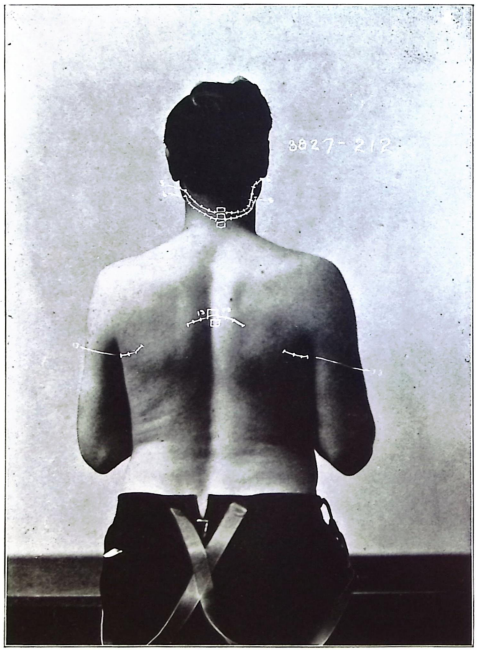


Illustration No. 659.—Mr. S. For description see page 679.



Illustration No. 660.—Mr. S. For description see page 779.

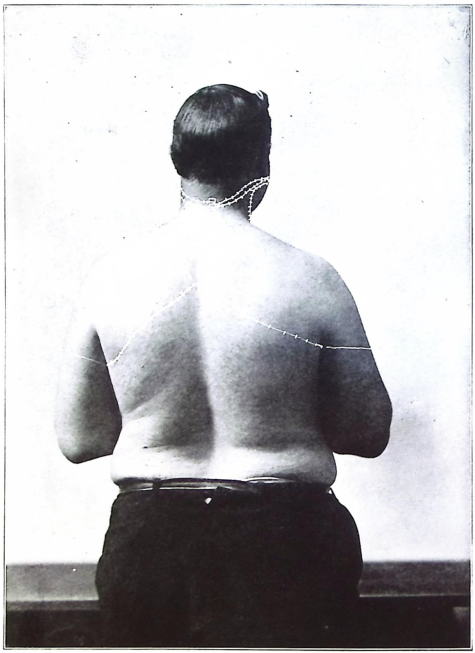


Illustration No. 661.—Mr. G. For description see page 779.



Illustration No. 662.—Mr. G. For description see page 779.

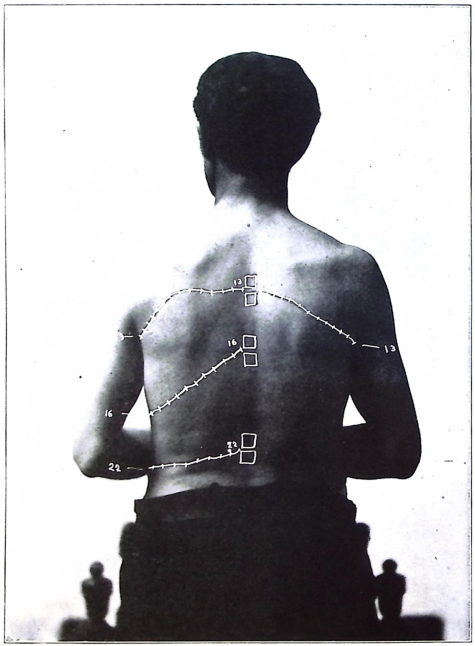


Illustration No. 663.—Mr. H. For description see page 780.

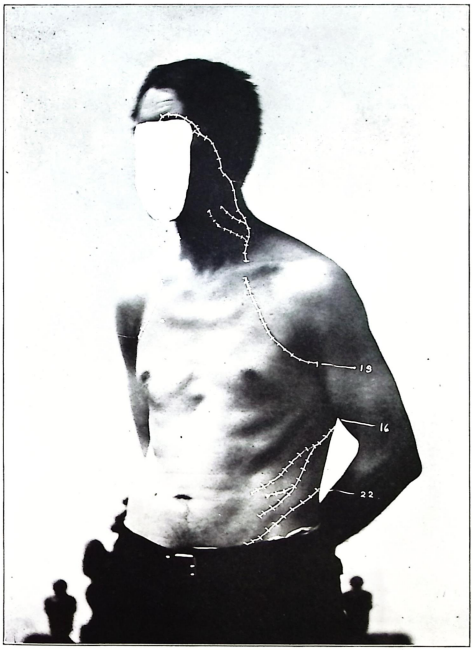


Illustration No. 664.—Mr. H. For description see page 780.



Illustration No. 665.—Mr. C. For description see page 780.

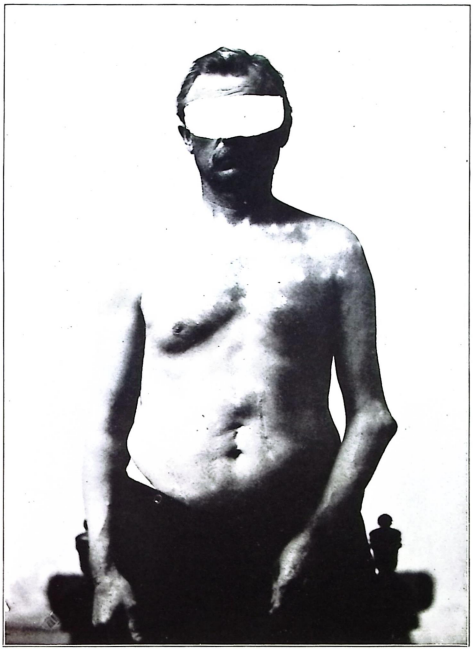


Illustration No. 666.—Mr. C. For description see page 780.



Illustration No. 667.—Mrs. K. For description see page 780.



Illustration No. 668.—Mrs. B. For description see page 780.



Illustration No. 669.—Mrs. B. For description see page 780.



Illustration No. 670.—Mrs. D. For description see page 780.



Illustration No. 671.—Mrs. D. For description see page 781.

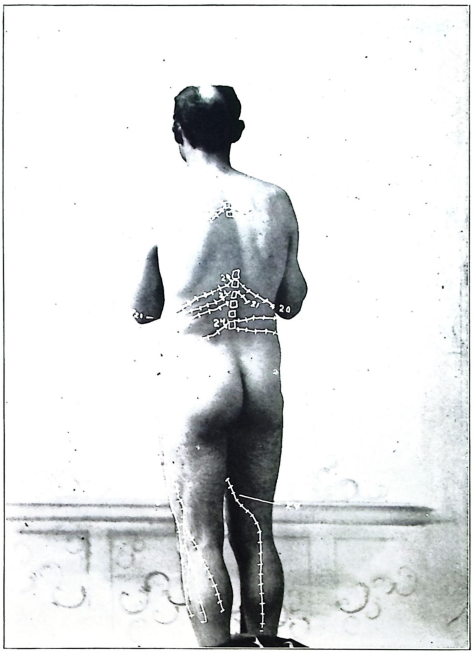


Illustration No. 672.—Mr. K. For description see page 781.



Illustration No. 673.—Mr. K. For description see page 781.



Illustration No. 674.—Mrs. P. For description see page 781.



Illustration No. 675.—Miss C. For description see page 781.



Illustration No. 676.—Miss C. For description see page 781



Illustration No. 677.—Mrs. K. For description see page 782.

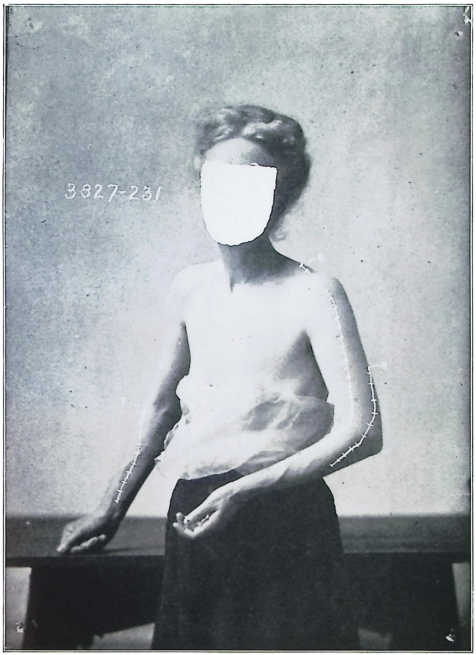


Illustration No. 678.—Mrs. K. For description see page 782.

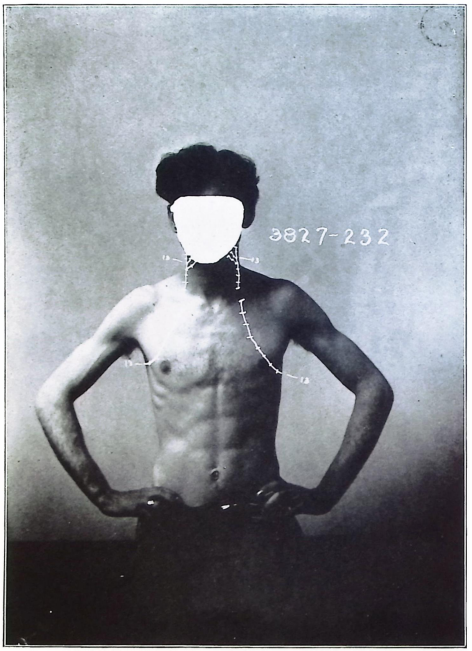


Illustration No. 679.—Mr. H. For description see page 782.

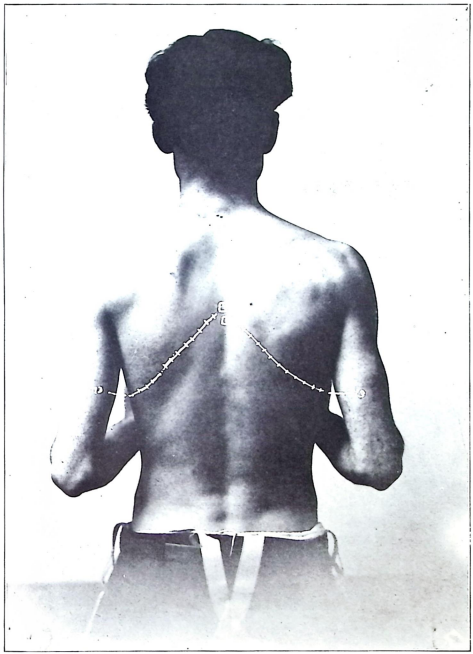


Illustration No. 680.—Mr. H. For description see page 782.

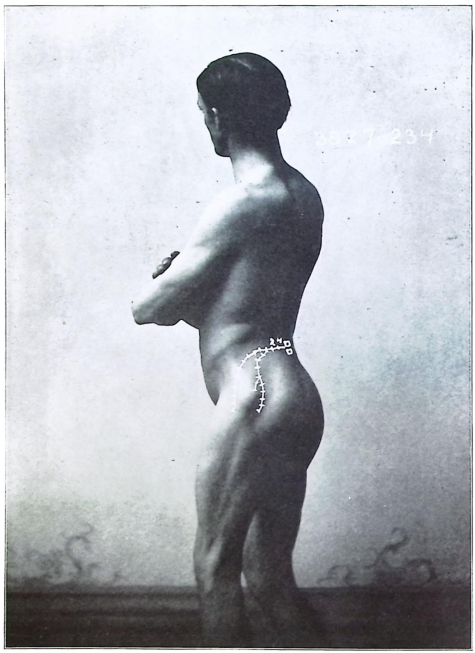


Illustration No. 681.—Mr. E. For description see page 782.



Illustration No. 682.—Mr. S. For description see page 782.

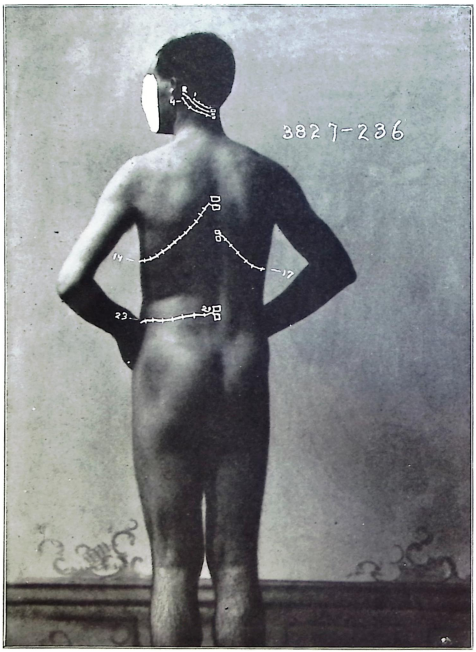


Illustration No. 683.—Mr. S. For description see page 782.

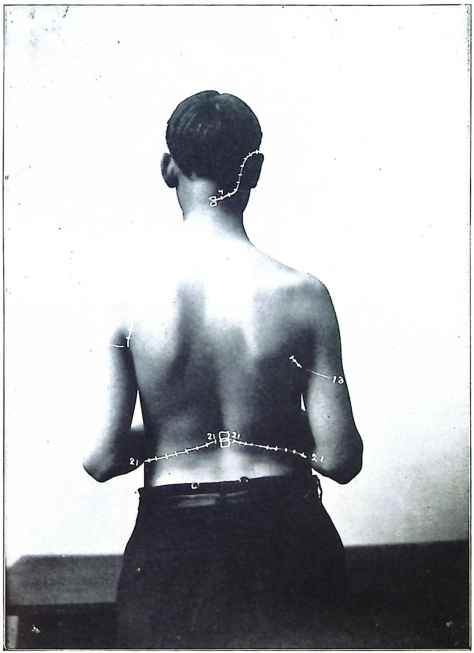


Illustration No. 684.—Mr. M. For description see page 782.

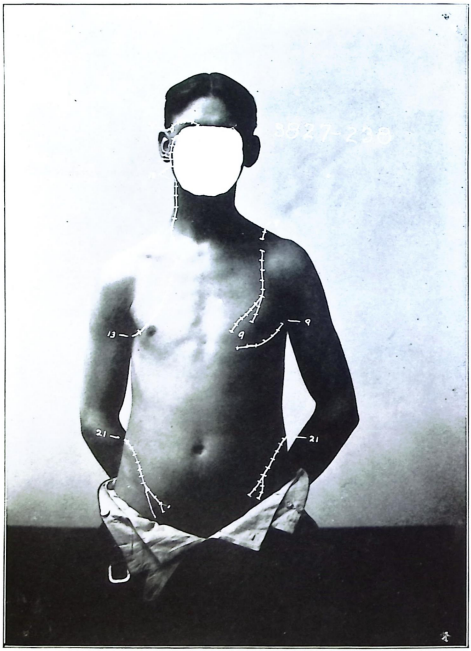


Illustration No. 685.—Mr. M. For description see page 783.



Illustration No. 686.—Mrs. M. For description see page 783.



Illustration No. 687.—Mrs. M. For description see page 783.

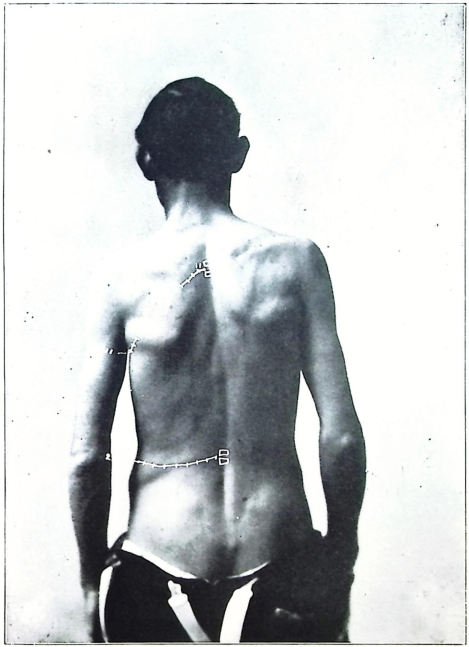


Illustration No. 688.—For description see page 783.

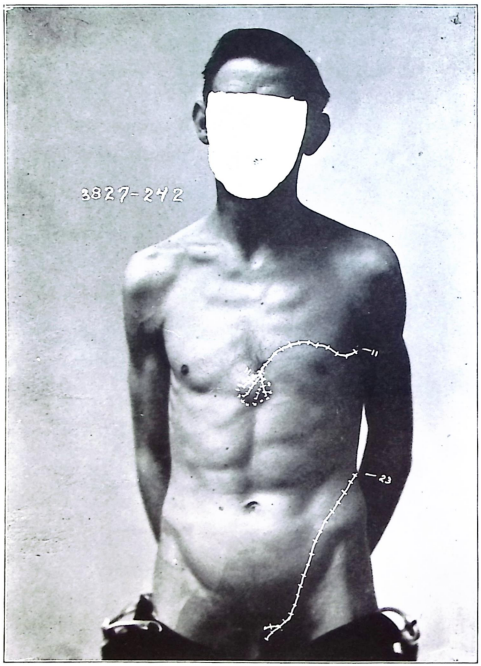


Illustration No. 689.—For description see page 783.



Illustration No. 690. For description see page 783.

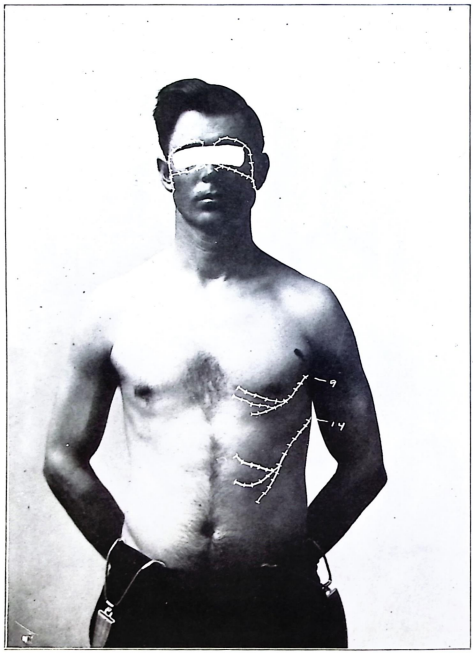


Illustration No. 691. For description see page 783.

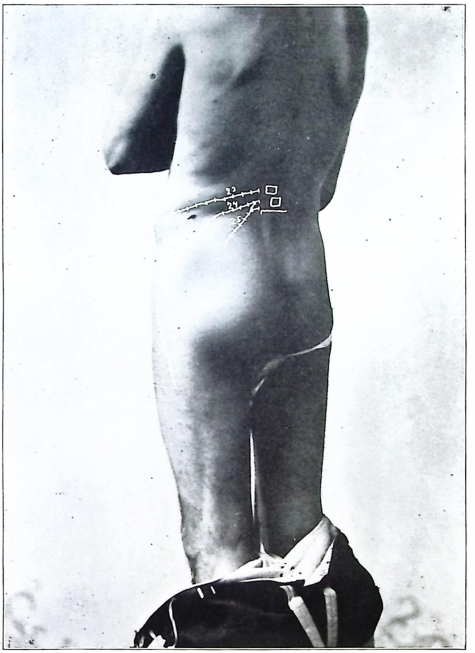


Illustration No. 692.—Mr. H. For description see page 783.



Illustration No. 693.—Mr. H. For description see page 783.

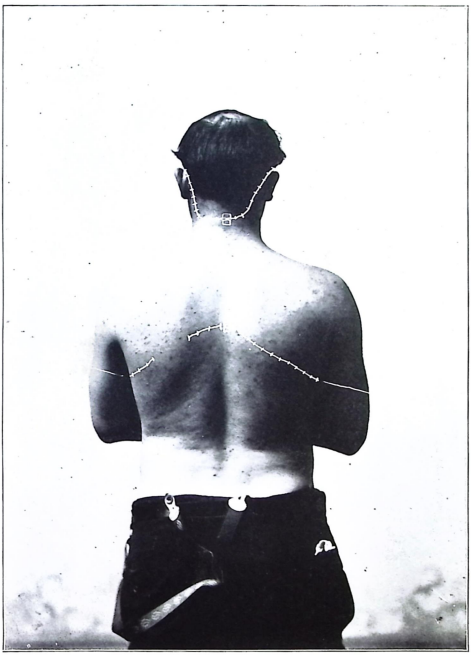


Illustration No. 694.—Mr. S. For description see page 784.



Illustration No. 695.—Mr. S. For description see page 784.

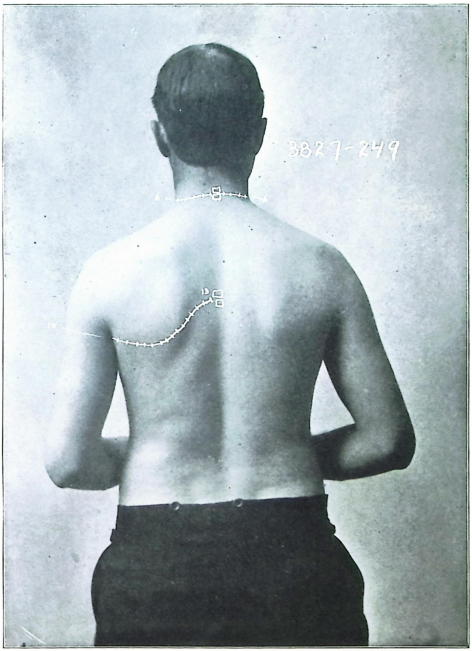


Illustration No. 696.—Mr. C. For description see page 784.

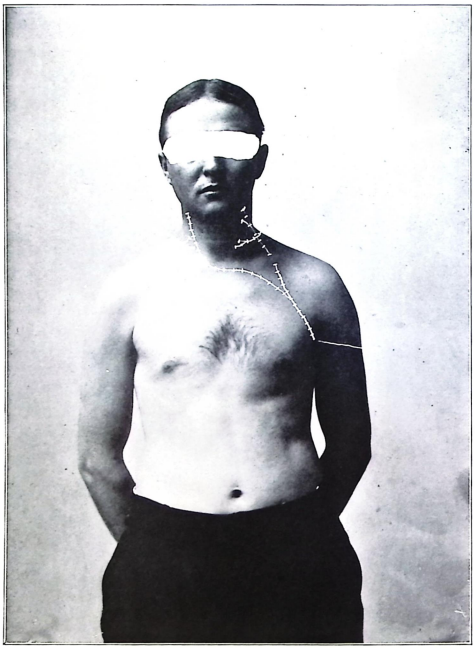


Illustration No. 697.—Mr. C. For description see page 784.

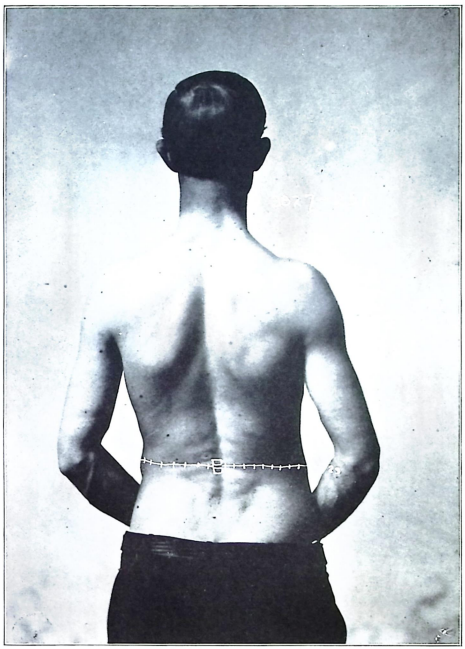


Illustration No. 698.—Mr. D. For description see page 784.



Illustration No. 699.—Mr. D. For description see page 784.

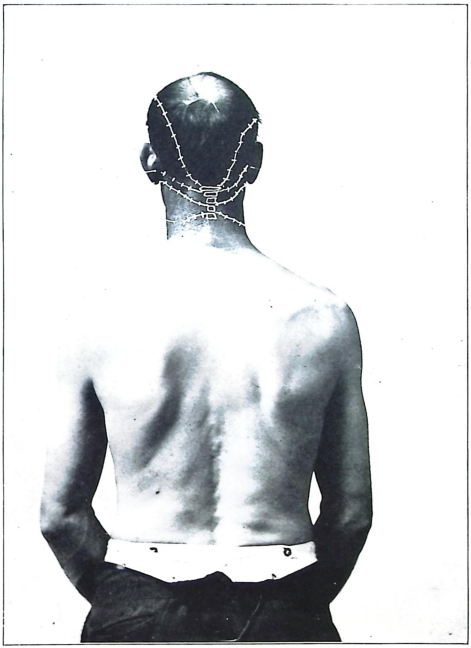


Illustration No. 700.—Mr. D. For description see page 784.

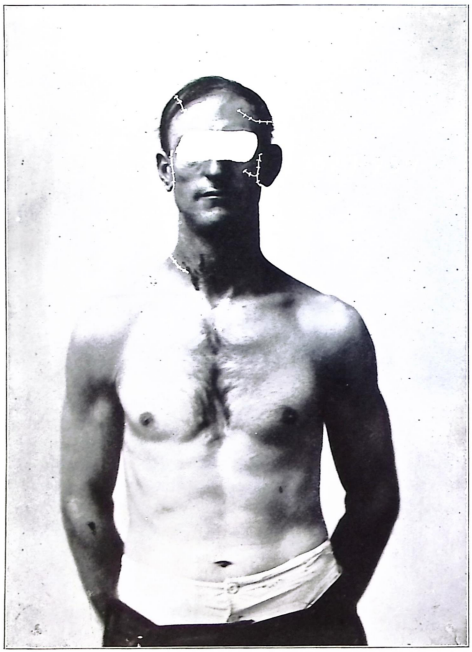


Illustration No. 701.—Mr. D. For description see page 784.

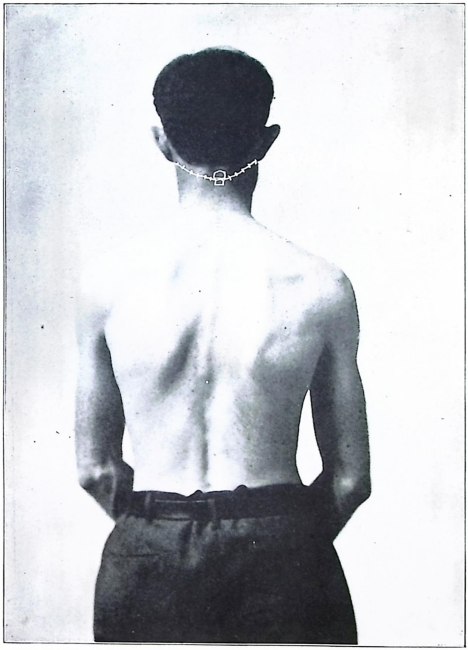


Illustration No. 702.—Mr. L. For description see page 784.

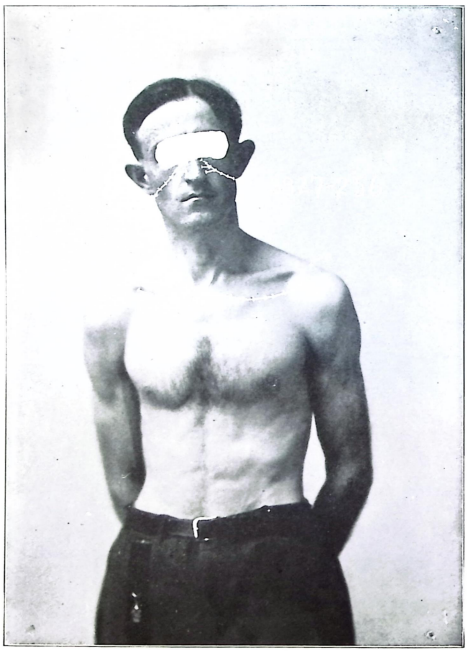


Illustration No. 703.—Mr. L. For description see page 785.

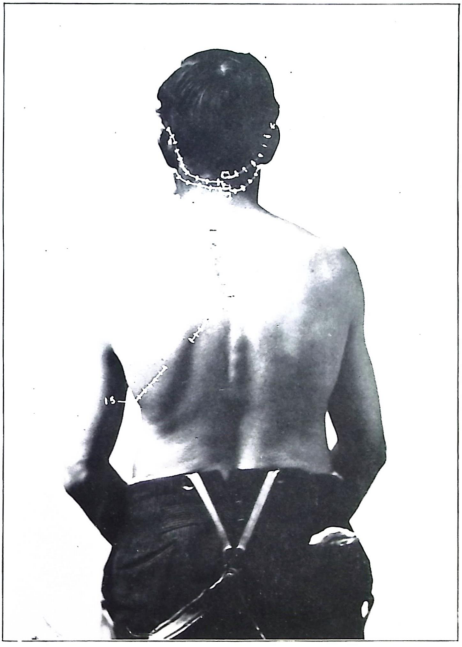


Illustration No. 704.—Mr. S. For description see page 785.

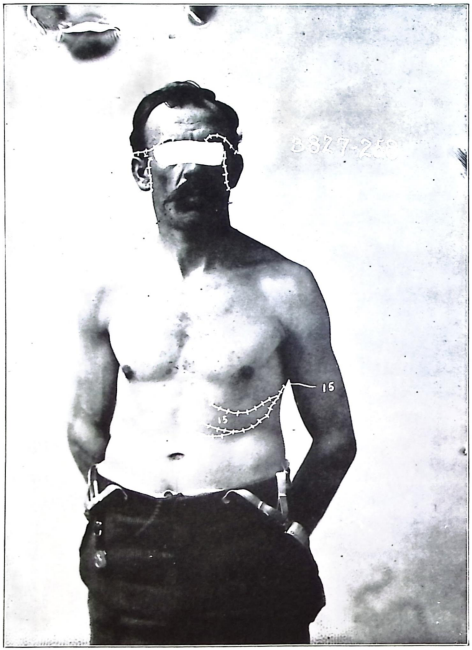


Illustration No. 705.—Mr. S. For description see page 785.

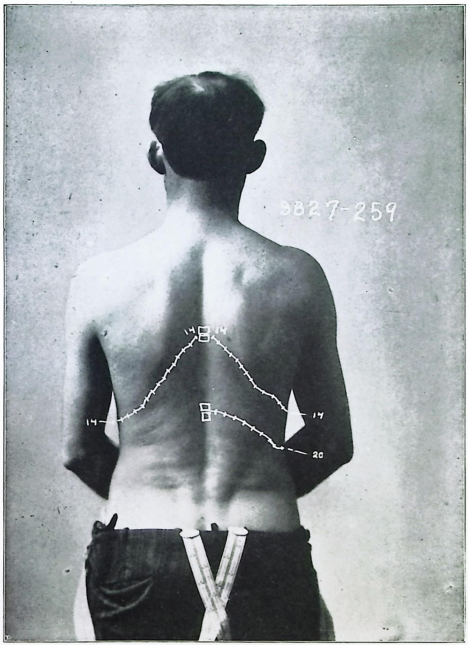


Illustration No. 706.—Mr. J. For description see page 785.

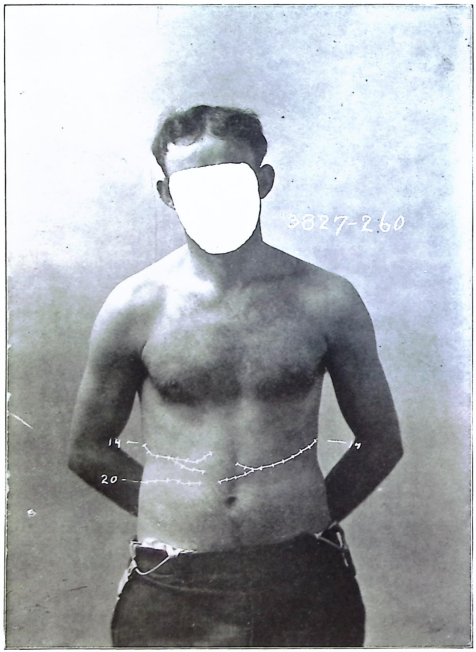


Illustration No. 707.—Mr. J. For description see page 785.



Illustration No. 708.—Mrs. K. For description see page 785.



Illustration No. 709.—Mrs. K. For description see page 786.

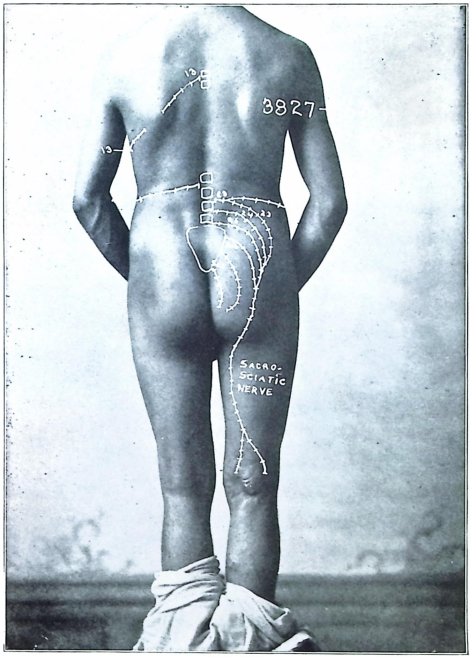


Illustration No. 710.—Mr. L. For description see page 786.

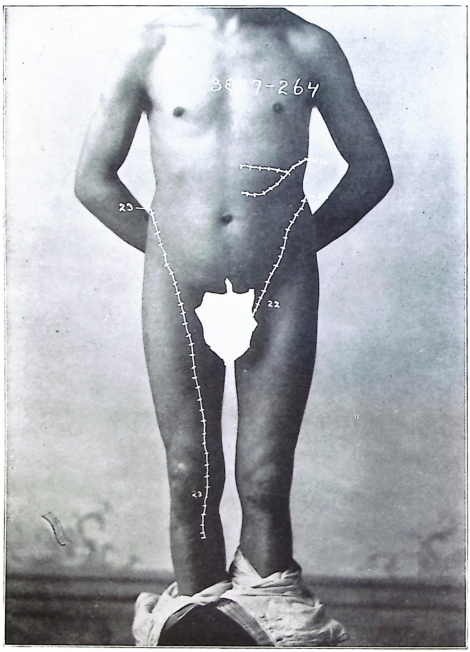


Illustration No. 711.—Mr. L. For description see page 786.

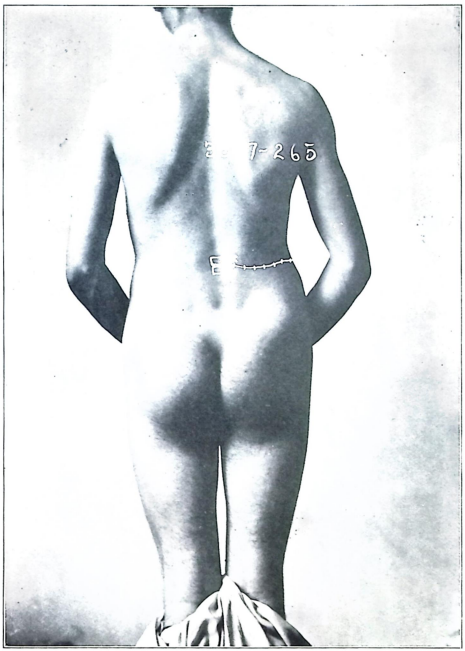


Illustration No. 712.—Mr. R. For description see page 786.



Illustration No. 713.—Mr. R. For description see page 786.

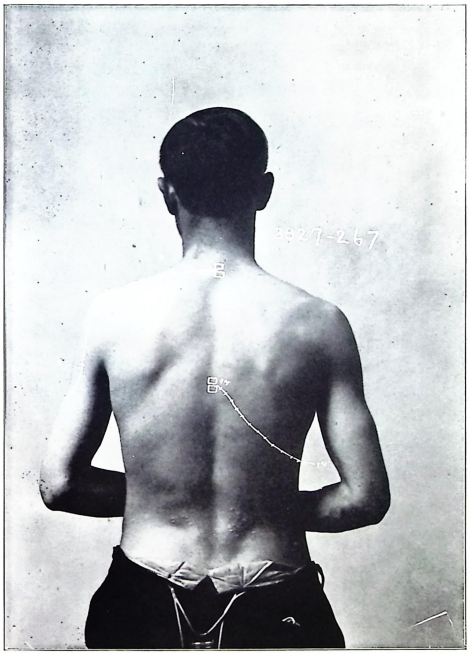


Illustration No. 714.—Mr. B. For description see page 786.



Illustration No. 715.—Mr. B. For description see page 787.

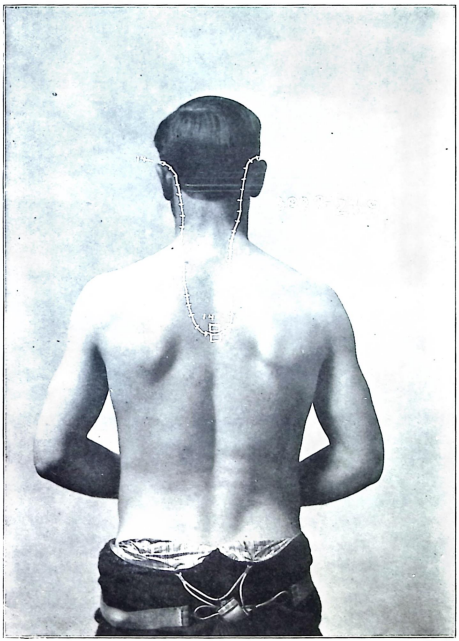


Illustration No. 716.—Mr. F. For description see page 787.



Illustration No. 717.—Mr. F. For description see page 787.



Illustration No. 718.—Mrs. I. For description see page 787.



Illustration No. 719.—Mrs. I. For description see page 787.

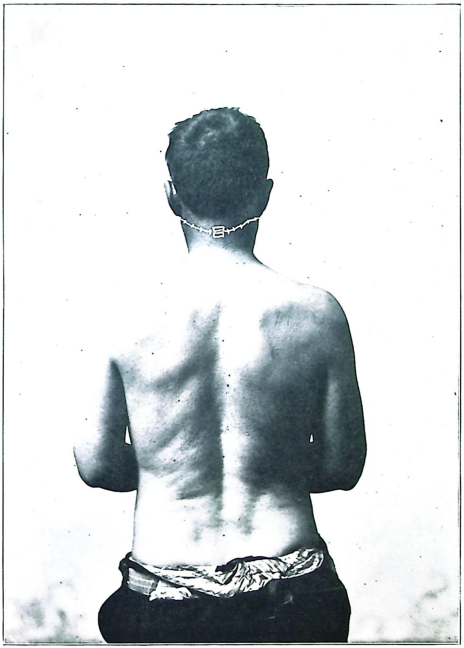


Illustration No. 720.—Mr. R. For description see page 787.



Illustration No. 721.—Mr. R. For description see page 787.

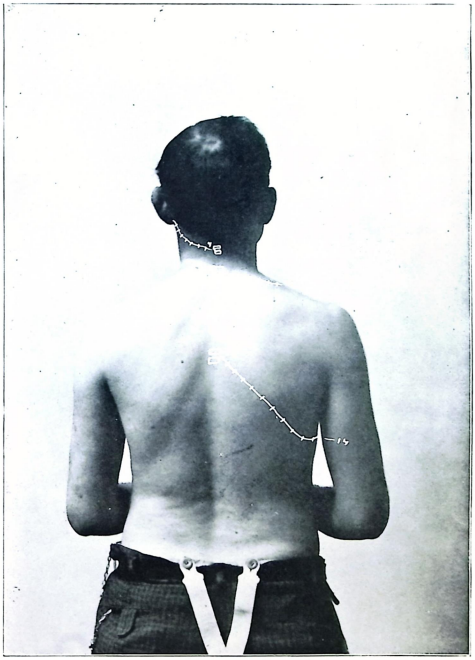


Illustration No. 722.—Dr. A. For description see page 788.



Illustration No. 723.—Dr. A. For description see page 788.

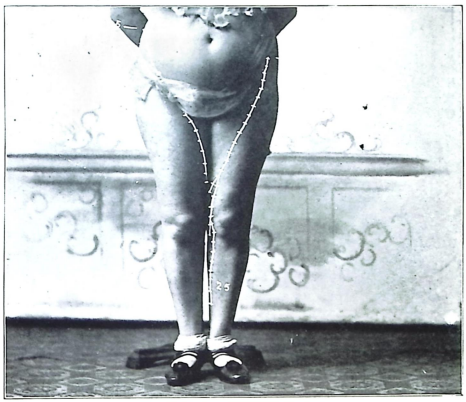


Illustration No. 724.—Mrs. K. For description see page 788.



Illustration No. 725.—Mrs. K. For description see page 788.

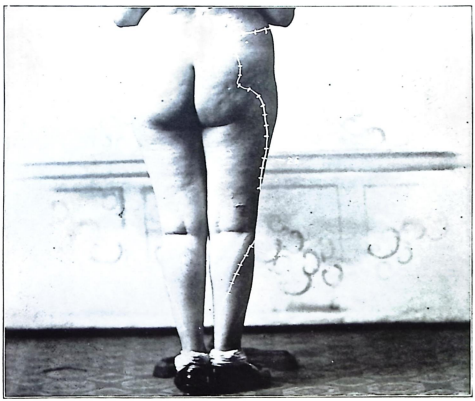


Illustration No. 726.—Mrs. K. For description see page 788.

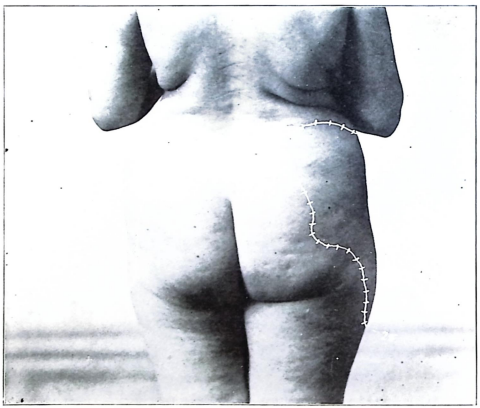


Illustration No. 727.—Mrs. K. For description see page 788.



Illustration No. 728.—Mr. T. For description see page 788.

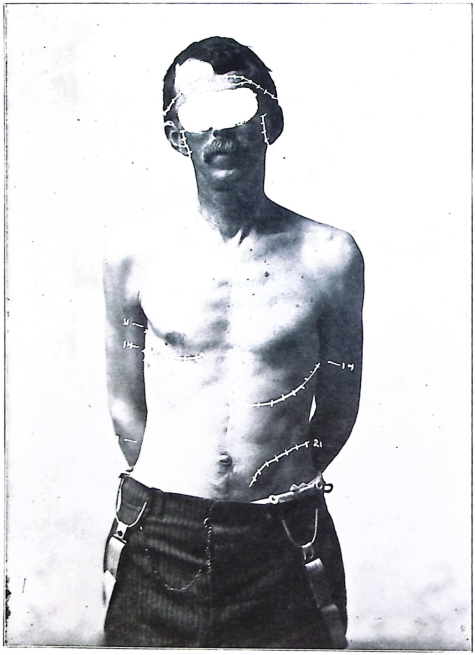


Illustration No. 729.—Mr. C. For description see page 789.

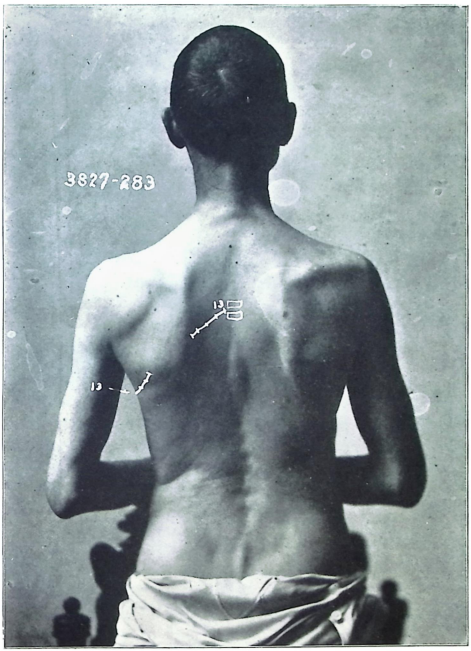


Illustration No. 730A.—Mr. C. For description see page 784.

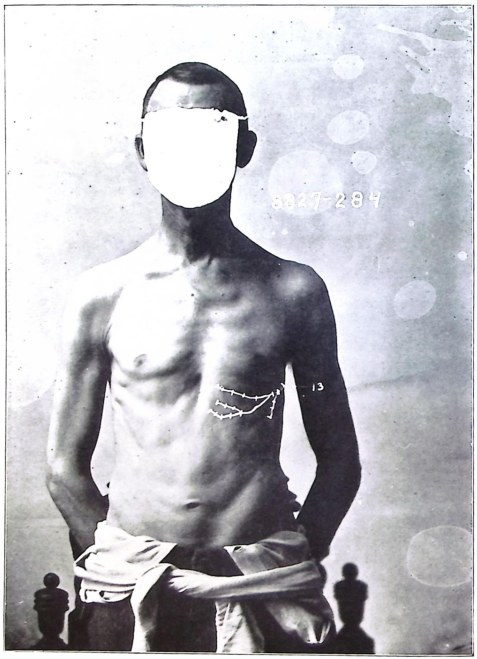


Illustration No. 730.—Mr. C. For description see page 789.



Illustration No. 731.—Mrs. L. For description see page 789.

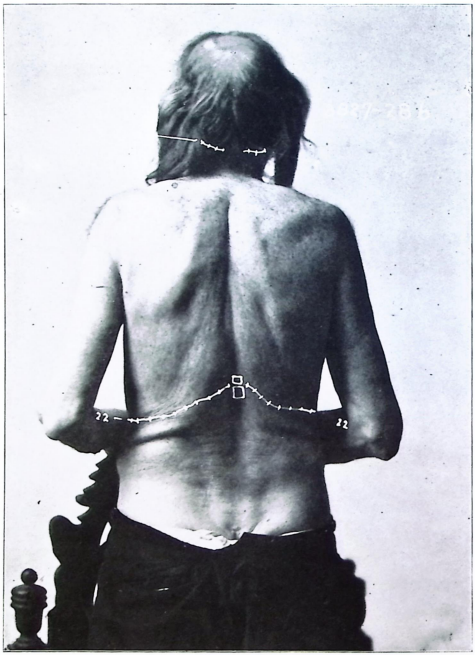


Illustration No. 732.—Mr. L. For description see page 789.



Illustration No. 733.—Mr. S. For description see page 789.

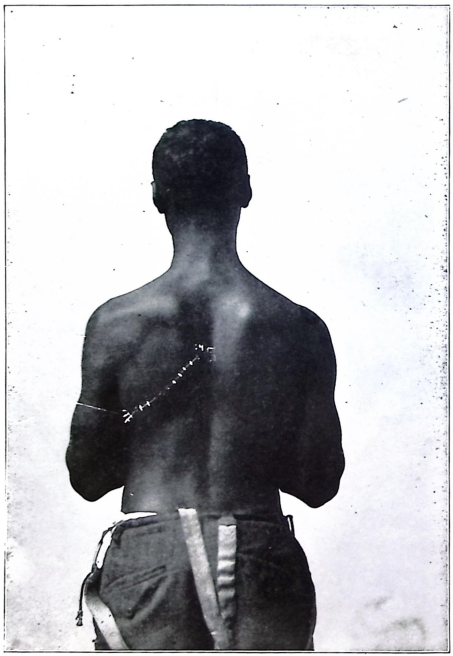


Illustration No. 734.—Mr. J. For description see page 789.

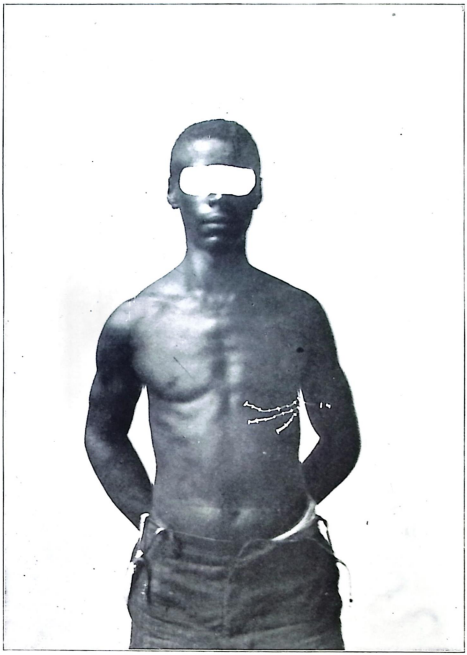


Illustration No. 735.—Mr. J. For description see page 784.

Illustration No. 478.—Shows Mr. W. with tracings from a right inferior fourth curvature on the right, the superior fibre leading around neck upward to mastoid process of occiput over the ear across the face or temporal bone, where it was lost. The inferior fibre following almost parallel to the superior one, to below ear, where it passes anterior across zygomatic arch to immediately back of orbit. From a posterior right side second dorsal a fibre coming from the superior of same across the superior portion of scapula, and acromion process of same through the deltoid muscle downward and inward along the humerus. From a posterior lumbar fifth dorsal, three fibres, one on right inferior or fifth out to scapula, where it went under the inferior portion of scapula, finding it on the opposite side and traced it under the axilla, the superior one on the left side, superior of the fifth taking almost the same course on the left side as the preceding one on the right, losing it under the scapula. The inferior fibre on the left following the sixth intercostal space around on left side to outer portion of the stomach. Also from a posterior right side tenth dorsal, left side to outer portion of the stomach. Also from a posterior right side tenth dorsal following intercostal space on right side to right lumbar region.

Mr. W. was suffering from cancer of the stomach, dryness of throat and a deformed finger, the result of an accident.

Illustration No. 479.—Shows a view of the same fibre on the left side with the continuation of those from the fifth dorsal, the superior one branching under the axilla, one going to the stomach with two branches and the superior branch of the main trunk going upward over the left breast and dividing below the clavicle, one branch going upward and inward to the throat, the other under the clavicle along the side of the neck in front of the ear across side of the face to over the eye. The inferior fibre from the fifth continuing to the region over the outer portion of the stomach.

Illustration No. 480.—Shows the front view with the continuation and finish of both fibres from the fifth dorsal (right and left) to over the eyes, throat, and outer portion of the stomach. Also continuation of fibre from the second dorsal on right over the humerus to the radial side of the forearm branching to both sides of the fore finger.

Illustration No. 483.—Shows the full back view of Mr. G. with tracings from between 11th and 12th dorsal on left side following intercostal space toward anterior. Tracing from between second and third lumbar on left over crest of the ilium. Tracing from left side of sacrum, two fibres uniting about six inches from sacrum and separating again about three inches farther on the outer fibre, going downward and slightly inward across the back of the knee and terminating in three fibres taking in the calf of the leg to a short distance below the knee. Tracing from the right side of sacrum four fibres unite about ten inches from sacrum and again separate into two about three inches lower, one branch

going downward and inward to above knee, then backward across back of the knee, then down to calf, the other going almost straight down across knee to outer part of the calf of the leg.

Illustration No. 484.—Shows back view of Mr. P. with fibres leading from fifth and sixth dorsal on either side leading out to scapulae where they were lost and picked up on the axillary borders of the scapulae. Also tracings from left side of 11th dorsal with two branches to over left kidney, also from left inferior of 11th dorsal out about six inches and lost. Also from right side of third on right straight across to over crest of ilium. And from right side of fifth lumbar out over the external part of ilium and from the left inferior of the fifth out over the ilium. Shows continuation of fibres from superior posterior on right under axilla across right breast under clavicle up to above the eye and on the fore part of head, dividing into three branches. The one on the left divides under the axilla with four branches to the stomach and the other across left breast upward under clavicle upward to across face and divides into three branches over the left side of forehead. The fibres from right side of third lumbar continues to right illiac region with two branches and one from right side of the fifth lumbar across right illiac region and the other to the scrotum.

Illustration No. 485.—Shows Miss F. full back view with tracings from superior of the fifth cervical on both sides leading superiorly to the back of concha of ear where they were lost; also from superior and inferior of the seventh cervical on right side leading out over upper portion of shoulder gradually going towards the front. Also from the inferior of the sixth dorsal on both sides under the lower part of the scapula following the intercostal space under the axilla and a fibre from left side of the eighth dorsal around the left side along the intercostal space.

Miss F. was troubled with her ears since taking medicines for catarrh in head, aching and smarting of eyeballs, and the first finger on right hand was very sore. She also thought that she had stomach trouble but on palpation found that the pancreas seemed to be the tender organ.

Illustration No. 486.—Shows continuation of fibre from superior of the fifth cervical cn left side to ear and also of the fibre the inferior cf the sixth dorsal on left under clavicle upward along neck below ear across face to the eye and also the fibre leading to the region over the pancreas.

Illustration No. 487.—Right view showing fibres from superior of the fifth cervical to ear and also continuation of fibre from superior of the seventh cervical across shoulder down along inner portion of arm leading over radius and across palm of hand with two branches to forefinger.

Illustration No. 488.—Shows Mr. D., back view, with tracings from between the fourth and fifth cervical on left side outward and upward to ear; between first and second dorsal on left side out about two inches, then divides, one branch going outward,

forward (to shoulder) and downward to arm and the other through the spine of the scapula, dividing into three branches involving the back of the shoulder; between the fifth and sixth dorsal, left under scapula along intercostal space toward the front and from between the sixth and seventh dorsal parallel with the former; between the 11th and 12th dorsal with five branches over right kidney; between second and third on left downward and outward over crest of ilium through the groin to the spermatic cord; between the third and fourth lumbar on right side, following almost the same course as the preceding fibre to the same place on the opposite side.

Mr. D. was troubled with lame shoulder and forearm, diabetes and loss of sexual power.

Illustration No. 489.—Shows continuation of fibres from superior posterior region over stomach and also those from anterior posterior, involving the fore part of the arm and from between second and third lumbar to pelvis. Also the fibre to the ear from M. C. P. Mr. D. had stomach trouble, tender over kidneys and had abnormal serous circulation, faulty urination, weakness of prostrate and lack of virility brought by an accident subluxating the innominate bones and the sacrum.

Illustration No. 490.—This view shows back view of Mr. D. with the tracing from between third and fourth cervical on left side, upward to back of ear from between the fourth and fifth cervical on both sides outward and upward behind and over the ears across the sides of the face to the eyes, between the first and second dorsal on left across scapula leading toward the heart; between the seventh and eighth dorsal on left along intercostal space around left side; between 10th and 11th dorsal on left, branching over kidney and same on right from between 11th and 12th dorsal, from between second and third on both sides transversely across above and between third and fourth lumbar on right, out over the hip and between the fourth and fifth on left on same direction, while from the sacrum on each side four nerves with various branches take in the hip and thighs down to knees.

Illustration No. 491.—Shows front view of Mr. D. with continuation of the various nerves shown in the other view. The one from between the fourth and fifth cervical on the left over the ear to the eye; two branches of the nerve from between first and second dorsal to the heart and the peculiar branching of the nerve from between the seventh and eighth dorsal on the left to the pancreas. The fibre between second and third lumbar on left continuing over the ilium and divides into three branches, the upper two going to the bladder and the lower one down into the crotum; between the fourth and fifth lumbar on left over the lium, taking a downward course across the front of thigh, down to the inner side of knee. From the sacrum, the various tender nerves involve the muscles of the back, part of hip and outer part of thigh. On the right, from between second and third lumbar, the nerve passes out over chest of ilium, downward and forward

with two branches, one to the scrotum and the other to the inner side of thigh to knee. A nerve from between fourth and fifth lumbar on the right passes anteriorly to anterior inferior spine of ilium to below Poupart's ligament. Fibres from right side of sacrum take in right hip muscles and fore part of thigh.

Illustration No. 492.—Shows Mrs. D., back view, with tracings from between seventh cervical and first dorsal to either shoulder and arm; from between first and second dorsal to right shoulder with two branches to back of right arm; from between second and third dorsal across scapula under axilla; from between third and fourth dorsal outward and downward across scapula to under arm; from between fourth to fifth dorsal on right, two branches to right side; from between fifth scapula to left side; from between tenth and 11th dorsal on right along intercostal space to right hypochondriac region and between the 11th and 12th dorsal on right almost parallel to the former and from between the 12th dorsal and first lumbar, parallel to the two former fibres; from between the third and fourth lumbar on right, out over crest of right ilium and between fourth and fifth lumbar on left, out over crest of ilium.

Mrs. D. was suffering from lame shoulders, dropsical condition in the hands and arms, bilousness with stomach disorder, accompanied by vomiting of bile; has had inflammation of breast on right, intercostal pains, deranged serous circulation and tumor on ovaries and womb for which she has been operated upon.

Illustration No. 493.—Shows right side of Mrs. D. with continuation of fibres from between seventh cervical and first dorsal on right. Branched about three inches from spine, one branch going over fore part of shoulder along humerus on back of radius to thumb and the first finger, the other again dividing, one branch taking almost parallel to the former to the middle finger and the other, or last, to the last two fingers. Also a portion of fibre from between first and second dorsal on back of arm, continuation of fibre from li. P. to gall bladder and three fibres from K. P. to right side, where they were lost. And the fibre from between third and fourth lumbar on right, with three branches, two to ovaries and one to right side of womb.

Illustration No. 494.—Shows left side with continuation of fibres from between seventh cervical and first dorsal to fore part of shoulder and hand, taking in fingers; from between fifth and sixth dorsal on left with three branches to stomach; from between fourth and fifth lumbar on left across left region, with branches to ovary and various branches to womb.

Miss. M. had great difficulty in breathing, accompanied by hoarseness; frequency in urinating and constipation.

Illustration No. 495.—Shows back view of Miss M. with tracings from the sixth and seventh cervical on right, around side of neck to episternal notch; from between seventh cervical and first dorsal on right, out over the superior portion of scapulae

under the acromion process downward and outward along the humerus to the elbow, dividing into two branches, taking in the radical and ulnar sides of forearm, from between fifth and sixth dorsal on left out over the scapula, under the axilla up over left breast to throat; between the 10th and 11th dorsal on either side, outward and downward to both sides of the bladder; from between 11th and 12th dorsal and 12th dorsal and first lumbar, outward and upward, the first going up to the clavicle where it was lost, the other being lost above right breast; between second and third lumbar on both sides, out over crest of ilii towards the abdomen; from between fourth and fifth lumbar outward over the hip towards front.

Illustration No. 496.—Shows the continuation of fibres in preceding view, with the branching of the fibre from between second and third lumbar on right side, over the right iliac region.

Mr. M. had writer's cramp in right arm, palpitation of the heart, varicose veins below knee of left leg, also weakness of genital organs, has had pleuritis.

Illustration No. 497.—Shows back view of Mr. M. with tracings from between seventh cervical and first dorsal on right toward front of shoulder; between first and second dorsal, with branches over shoulder and arm, ending with branches to all fingers; between second and third dorsal on left, outward and downward over scapula, under the axilla toward the heart; between third and fourth dorsal on right, around over scapula toward the front left inferior of the ninth, following intercostal space to left side; from left inferior of 12th dorsal outward and downward to ureter; right side of third lumbar over crest of ilium; left inferior of third lumbar over the left ilium, left side and left inferior of the fifth lumbar to leg and four fibres from sacrum on left to the hips.

Illustration No. 498.—Shows left view with continuation of fibres from left side of the third dorsal, with branches, taking in the left lung and the heart; from the left inferior of the ninth dorsal to region below the stomach, from left inferior of 12th dorsal to ureter, from left inferior of third lumbar, over the crest of the ilium through left iliac region to the genitals; from superior and inferior of the fifth lumbar on left with branches involving the front and inner side of thigh and all of the leg with branches to both sides of the foot.

Illustration No. 499.—Shows right view with continuation of fibres from anterior posterior to arm and hand; continuation of fibres from second and third dorsal under the axilla to right side; posterior subluxation of the third lumbar over the crest of the ilium, with branches to right iliac region with one fibre to the sacrum.

Illustration No. 500.—Shows inside view of left limb with branches to calf of leg and sole of the foot; also continuation of tracings to the arm and those fibres to the heart and the lungs.

Mr. K. had eczema all over the face, slight tenderness in the throat on the left side, extreme tenderness over region of stomach, also weak kidneys and slight bladder trouble.

Illustration No. 501.—Shows back view of Mr. K. with tracings from left inferior of fourth cervical outward and superiorly to side of face, also from inferior of fifth cervical to lower part of both sides of face; from left inferior of the sixth dorsal under the scapula to under the axilla; from left inferior of the seventh dorsal under the scapula toward the anterior from left side of the ninth dorsal outward, downward branching toward the front; from the inferior of the 11th dorsal on either side the branches making a good picture of the kidneys; from left side of the second lumbar outward over the crest of the ilium and from the left inferior of the second lumbar parallel to the above fibre.

Illustration No. 502.—Shows continuation of fibres on left side to face and from superior posterior upward under the clavicle to the throat; from superior posterior to the region over the stomach, ending in three branches from left side of the ninth dorsal two branches, one across abdomen downward toward the pelvis and from the left side and left inferior of the second lumbar to the anterior portion of the pelvis.

Illustration No. 503.—Shows back view of Mr. V. with tracings from almost every foramen of the spine along which fibres the tenderness was very perceptible and easily traced. Fibres from the inferior of the axis on either side of the head up over the ear; from the side of the fourth cervical on either side were traced out over the side of the neck to below the ear there dividing into three branches which in turn subdivided and involve the whole face; from A. P. to the arms; from H. P. to the region over the heart from lu. P. li. P. and three from S. P. following the intercostal space toward the front; from spl. P. on the left parallel to the preceding fibres; from the forearm of the 10th, 11th, 12th dorsals on either side to the region over the kidneys with various branches; from the lumbar foramen transversely out over the hip to the thigh and the leg.

Illustration No. 504.—Shows the left view with the continuation of the various fibres from the left side of the spine, those of the cervical taking in the side of the head and face and also the neck; those from A. P. taking in the shoulder and the arms; those from the H. P. lu. P. to the respective peripheries; from S. P. to the region over the stomach and the various fibres from the lower foramen being incomplete because of the extreme tenderness on the anterior of the body.

Illustration No. 505.—Shows the right view of the same case with the continuation of the various fibres from the right side of the spine, those from the cervicals to the face; those from A. P. to the arm and hand; those from li. P. to the liver and surrounding tissues.

Illustration No. 506.—Shows the front view of the same case with the continuation of all the fibres that lead toward the front as explained in the preceding views.

Illustration No. 507.—Shows back view of Mr. S. with fibres leading from each and every foramen of the spine taking in the head and the face, the neck, the arms and the shoulders, the chest, the abdomen, the pelvis, in the lower limbs and the buttocks.

Mr. S. was suffering from trouble with his lungs, subject to headaches, kidneys were weak, stomach was bothering considerably, lame elbow, eyes were weak, accompanied with pain in the eyeballs, and was troubled with hyseraesthesia.

Illustration No. 508.—Shows the left view of the same case with the continuation of the fibres on that side.

Illustration No. .509—Shows the right side of the same with the continuation of the fibres from that side.

Illustration No. 510.—Shows the front view of the same case with the continuation of all fibres leading toward the front, although not being very definite because of the extreme sensitiveness of the patient so as to not be able to differentiate between the different fibres.

Mr. S. had what he called neuralgic rheumatism in the chest and shoulder, sometimes in the limbs, headache, which was both frontal and optic, accompanied by a dull heavy feeling in the center of the head. Had gas in the stomach and was constipated.

Illustration No. 511.—Shows back view of Mr. S. with tracings from the second zone on both sides upward to each side of the skull, the fibres ending in two branches; from the fourth zone on both sides outward and upward behind and over the ear; from the tenth zone on the right outward under the scapula around under the axilla to the front; from the 13th zone on both sides out under the scapulae and under the axillae to the anterior.

Illustration No. 512.—Shows the front view of Mr. S. with tracings from the following: from the second zone on both sides over the head to the frontal portion, there dividing into several fibres, some to the orbital region; from the 4th zone on both sides over the ear to the external angle of the eye; from the 10th zone on the right branching over the lower portion of the right lung; from the 13th zone on the right branching over an area below the liver; from the 13th zone on the left branching over the region superficial to the stomach.

Illustration No. 513.—Shows back view of Mr. E. with tracings from the fourth zone on the right outward and upward over the ear; from the fifth zone on the left in the same direction; from the sixth zone on the left out to the angle of the jaw; the patient feeling the sensation in the upper part of the pharynx at the time of pressure; from the ninth zone on the left outward and downward over the scapula toward the anterior, the one on the right going under the scapula; from the 15th zone on the left following the intercostal space parallel to the above fibre from the 22nd

zone on the outward and slightly downward to the crest of the ilium; from the 23d zone on the right out over the ilium; from the 25th zone on the left branching over the external portion of the hip; also four fibres from each side of the sacrum taking in the buttocks.

Mr. E. was suffering from stomach disorder or indigestion, catarrh of the head, fluttering of the heart, swollen tonsils, which are very large at times, a slight catch in the lumbar region of the back and ear, complaining of pendulous testicles.

Illustration No. 514.—Shows the anterior view of the same case with the continuation of the tracing from the fourth and fifth zones to the eyes; from the ninth zone on the left the fibre ending in four branches over the region of the heart; from the 13th on both sides from under the axillae upward across the breast under the clavicle to below the ear across the face to the eyes; from the 15th zone on the left with branches to the region over the stomach; from the 22nd zone on the left and the 23d on the right over the crest of the ilii downward across the inguinal regions to each side of the scrotum.

Illustration No. 515.—Shows the back view of Mr. S. with tracings from the 4th zone on both sides outward and upward over the ear to the eye, ending in two branches; from the seventh zone on the left out to the superior portion of the shoulder then to the anterior; from the eighth zone on the left outward and downward on the posterior of the arm to the front about half way down the humerus; from the tenth zone on the right out under the scapula under the axilla; from the 11th zone on the right over the scapula and under the axilla from the 13th zone on both sides following the intercostal space to the anterior; also the ending of the fibre from the seventh zone to the spot on the inner side of the forearm.

Mr. S. was nearsighted, left lung was sore, had slight eruption on the right arm with one spot very large, located about the center of the inner side of the forearm.

Illustration No. 516.—Shows the left lateral view of Mr. S. with the continuation of the tracing from the fourth zone over the ear to the eye; from the 13th zone under the axilla upward across the breast under the clavicle below the ear to under the eye; from the 10th and 11th zones on the left branching over the region of the lung.

Illustration No. 517.—Shows the right lateral view of Mr. S. with tracings from the fourth zones to the eye; from the seventh to the anterior, thence under the axilla to the under side of the arm; from the 13th across the breast upward under the clavicle under the ear to the eye, ending in three branches; from the eighth zone over the back portion of the shoulder down along the back of the arm, dividing above the elbow to the center of the radial and ulnar sides of the forearm.

Illustration No. 518.—Shows the back view of Mr. P. with tracings from the eighth zone on the left outward over the acromion process of the scapula to the external portion of the deltoid

muscle; from the tenth zone on the left outward and downward over the scapula under the axilla with four branches to the region over the heart; from the 13th zone and 14th zone on the left outward under the scapula to the anterior; from the 23d zone on the left outward over the ilium toward the front.

Illustration No. 519.—Shows the front view of the same case with the continuation of the tracings from the eighth zone to the deltoid muscle; from the tenth zone the branching over the heart; from the 13th and 14th zones following the intercostal spaces to the region over the stomach; from the 23d zone on the left across the right lumbar region to a palpable spot just to one side of the umbilicus.

Mr. P. had palpitation of the heart, slight stomach trouble and weakness of the eye muscles and lame left shoulder, also slight deafness.

Illustration No. 520.—Shows back view of Mr. J. with tracings from the 13th zone out under the scapula around under the axilla; from the 14th zone on the left parallel to the above under the axilla; from the 20th and 21st zones on the left out over the ilii to the anterior; from the 24th zone on the left outward and downward toward the thigh; from the 14th zone on the right out under the scapula following the intercostal space under the axilla; from the 15th zone on the right following the intercostal space below the above fibre to the anterior; from the 20th zone on the right outward and slightly downward then anteriorly from the 23d zone on the right almost parallel to the above fibre over the ilium.

Illustration No. 521.—Shows the front view of the same case with the continuation of the tracings from the 13th and 14th zones on the left to the region over the stomach from the 20th and 21st zones on the left to the small intestines; from the 24th zone on the left to the muscles on the anterior of the thigh; from the 14th zone on the right to the pyloric portion of the stomach; from the 15th zone on the right to the lower portion of the stomach and the head of the pancreas; from the 20th zone on the right across the right inguinal region to the bladder; from the 22nd zone on the right inferior to the above, to right inguinal hernia.

Mr. J. was suffering from cramps in the region of the stomach and bowels, had right inguinal hernia, constipation, gas in the stomach and bowels and is constipated to the extent that he has only one passage of fecal matter every three to eight days.

Illustration No. 522.—Shows Mr. Q. back view with tracings from the 22nd zone on the left out over the crest of the ilium; from the 23d zone on the left parallel to the above going internal to the superior portion of the ilium; from the 23d zone on the right outward internal to the upper portion of the ilium.

Illustration No. 523.—Shows front view of the same case with the continuation of the fibres from the 22nd zone on the left downward across the left inguinal region to the anterior portion of the scrotum; from the 23d zone on the left from the internal

surface of the ilium downward to the posterior part of the scrotum dividing into two branches; from the 23d zone on the right from the internal surface of the ilium downward across the right inguinal region to the scrotum terminating in three branches.

Illustration No. 524.—Shows the front view of Mr. M. with the tracing from the 23d zone on the right over the ilium downward across the inguinal region dividing anterior to superior spine of the ilium, one branch going to the glans penis there dividing and the other to the scrotum and dividing over the side of the scrotum; from the 23d zone on the right to Poupart's ligament, under that, and dividing, one to the glans penis and the other to the right side of the scrotum.

Mr. M. had catarrh of the nasal passages, blackheads, absence of or loss of the color of the hair, jaundice at times, sore throat, bad breath, constipation, bunion, clay colored stools, and had been a victim to the practice of masturbation.

Illustration No. 525.—Shows the back view of the same case with tracings from the first on the left upward dividing over the left portion of the occipital bone; from the second on the right taking in the same portion on the right side; from the fourth zone on both sides outward, upward and over the ear across the temporal bone to the eye; from the tenth zone on the left out and down involving the scapula; from the 12th zone on the right outward and downward over the scapula toward the anterior; from the 13th zone out and down under the axilla and dividing; from the 18th zone on the right involving the right kidney; from the 19th zone taking in the lower portion of the kidney; from the 19th zone on the left covering the left kidney; and from the 23d zone on both sides out over the ilii toward the anterior.

Illustration No. 526.—Shows the anterior view of the same case with the continuation of fibres shown in the preceding view from the fourth zone to the eye; from the 12th zone on the right branching over the liver and from the 13th zone on the left one branch to the throat and the other to the stomach.

Illustration No. 527.—Shows the back view of Mr. D. with tracings from the ninth zone and the left outward and downward under the axilla to the front from the 13th zone on the left out under the axilla following the intercostal space to the front; from the 14th zone on the left parallel to the above leading to the anterior; from the 18th and 19th zones on both sides branching over the kidneys; from the 22nd zone on the right over the ilium and one from the 23d in the same direction.

Illustration No. 530.—Shows the front view of the same case with the continuation of the fibres shown in the above from the ninth zone to the heart; from the 13th zone on the left with two branches to the pyloric and upper portions of the stomach from the 14th on the left with two branches to the central and lower portions of the stomach; from the 22nd zone on the right to the right inguinal region and from the 23d on the right to the portion of the colon above the caecum.

Mr. D. had indigestion, gas in the stomach and bowels, pleuritic pain in the left side, piles which were itching, bleeding and protruding, kidney trouble accompanied by profuse urination, constipation and slight heart palpitation.

Illustration No. 531.—Shows all the fibres in Illustration No. 540, and a fibre from the superior and inferior foramina on each side of the sacrum out and curving downward and inward toward the anus with the piles as the exact periphery.

Illustration No. 532.—Shows back view of Mr. H. with tracings from the first zone on both sides outward and upward to the superior portion of the ear; from the second zone on either side to the center of the concha of the ear; from the fourth zone on either side outward and upward to the lower portion of the ear and a branch under the ear to the eye; from the 11th zone on either side outward and under the scapula and axilla to the front; from the 15th parallel to the 14th; from the 18th and 19th zones on the left to the central and lower portions of the kidney and from the same on the right to the entire kidney; from the 22nd zone on the left out over the ilium.

Illustration No. 533.—Shows front view of the same case with the continuation of the fibre from the fourth zone to the eye; from the 11th zone on either side branching over the lungs; from the 14th and 15th zones on the left to the stomach; from the 22nd and 23d zones on the right and left sides respectively to the ascending and descending colon.

Mr. H. had catarrhal deafness, constipation and diarrhoea at times, slight kidney trouble and orbital headache.

Illustration No. 534.—Shows back view of Mr. B. with tracings from the fourth zone on the right out and upward over to the center of the head; from the seventh zone on the left gradually toward the anterior; from the eighth zone on the left outward with three branches under the spine of the scapula involving the whole scapula and the main trunk line continuing out and under the acromion process of the scapula; from the 12th zone on the right outward and downward following the intercostal space toward the anterior to the region over the liver; from the 12th zone on the left out about 3 inches, then gradually upward parallel to the spine to the mastoid process of the temporal bone over the left lateral portion of the head to a very tender spot on the center one-third of the left side of the head; from the 13th zone on the left out under the scapulae to the anterior; from the 14th on the right to the front.

Illustration No. 535.—Shows the left lateral aspect of the same case with tracings continued from the 13th zone on the left to the eye; from the 12th to the side of the head; from the seventh zone out over the shoulder; from the eighth zone to the shoulder and down the external portion of the arm branching to the fingers; from the 12th zone on the right and from the 14th, the same to the front.

Illustration No. 536.—Shows the right lateral aspect of the same case with the tracings continued from the 12th to the liver; from the 14th to the eye; from the fourth to the side of the head; also a few of the tracings from the left side.

Mr. B. had rheumatism in the arms, inflamed eyeballs, and bilious headaches.

Illustration No. 537.—Shows back view of Mr. S. with tracings from the fourth zone on both sides to under the ear; from the 13th zone on both sides outward under the scapulae to the anterior; from the 14th zone on the left under the scapula losing as it goes anteriorly; from the 24th zone on the right out over the ilium; from the 25th zone on the left in the same direction and from the two center foramina on each side of the sacrum outward, downward and inward to the arms.

Illustration No. 538.—Shows the front view of the same case with the continuation of the tracings from the fourth zone on both sides involving each side of the face, eye, nose and lower jaw; from the 13th on both sides under the axilla upward under the clavical terminating in three branches to the throat; from the 24th zone on the right to the right lumbar region of the abdomen and from the 25th zone on the left to the left iliac region.

Mr. S. had tenderness in the right inguinal region, constipation, sore throat, catarrh and gum trouble.

Illustration No. 539.—Shows back view of Mr. A. with tracings from both sides outward and upward over the head to the anterior; from the second zone on both sides involving the occipital portion of the skull; from the fourth zones on both sides outward to the ears; from the seventh zone on the left and dividing, one branch going through the spine of the scapula, again picking it up on the posterior part of the deltoid muscle downward along posterior of arm, thence to inner side of the forearm, the other out under the acromion process of the scapula, picking it up on the external left out under the scapula to the anterior; from the 14th on the right out over the scapula to the front.

Illustration No. 540.—Shows the front view of the same case with the continuation of the tracings from the first zone to the frontal portion of the skull; from the 13th zone on the left and 14th on the right, upward under the clavical to the eyes; from the seventh, along the anterior side of the arm and radial side of the forearm to the back side of the thumb; from the eighth zone on the left, the superior branch along the external portion of the arm and the radial side of the forearm dividing above the wrist with a branch to the thumb and first two fingers; from the 14th zone on the left with three branches over the region of the stomach.

Illustration No. 541.—Shows same view as Illustration No. 540, with continuation of fibres from the eighth zone with branches to the fingers on the back side of the hand.

Illustration No. 542.— Shows the same view as Illustration No. 541, with continuation of fibres from the seventh and eighth zones to the fingers on the palmar side of the hand.

Mr. A. had weakened eyes, and the muscle, especially of the right eye, numbness in the left arm, which goes to sleep at varied intervals.

Illustration No. 543.—Mr. R. Shows back view with tracings from the first zone on both sides upward over occipital bone branching over back of center of the head, the main trunk line continuing to the front; from the 19th zones on both sides involving the lower portion of each kidney; from the 21st, 22nd and 23d zones on both sides parallel to each other, passing out over the ilii on either side.

Illustration No. 544.—Mr. R. Shows front view with the continuation of fibres from the first zone branching over the frontal portion of the skull; from the 21st zone on either side to the right and left hypochondrical regions; from the 22nd zone on both sides downward across the lumbar and inguinal regions to the anterior portion of the scrotum; from the 23d on both sides parallel to the above, involving the back portion of the scrotum.

Mr. R. had neurasthenia, sexual weakness, eye balls and muscles weak which makes them get very tired upon continued usage and is also troubled with varicocele.

Illustration No. 545.—Shows back view of Mr. D. with tracings from the first zone on both sides outward and upward over the head to the front; from the second zone on both sides outward and upward under those of the first over the occipital portion of the skull; from the fourth zone on both sides outward and upward behind and over the ears to the front; from the 13th zone on both sides, the right going lower than the left, both under the scapula to the anterior; from the 18th on the left and the 18th and 19th on the right involving the kidneys; from the 22nd zone on the right out over the ilium; from the 23d zone on the right out about five inches; from the 23d zone on the left out over the ilium.

Illustration No. 546.—Shows the front view of the same case with the continuation of the tracings from the first zone over the frontal portion of the head, also from the fourth zone over the ears to the external angle of the eyes; from the 13th on both sides from under the axillae upward under the clavicle upward along the side of the neck under the ears across the face to below the eye, ending in two branches on the right and three on the left; from the 22nd on the right and 23d on the left downward acoss the inguinal regions branching over each side of the scrotum.

Mr. D. said the center portion of his head felt like bones cracking, was doped with belladonna about two years ago, eyeballs and muscles weak, had been constipated nearly all his life but not the last week. Had been operated on for varicocele and has a bad strain in the right inguinal region due to heavy lifting shortly after the operation.

Illustration No. 547.—Shows back view of Mr. H. with tracings from the first zone on both sides upward and forward about two inches above the ear toward the front; from the fourth zone on the left outward around to the side of the neck; from the fifth and sixth zones on the left parallel to the fibre from the fourth; from the sixth on the right around to the anterior; from the tenth zone on both sides out over the scapulae under the axillae; from the 11th zone on the right parallel to that of the tenth; from the 13th on both sides out over the scapulae under the arms; from the 19th zone on both sides branching over the kidneys.

Illustration No. 548.—Shows front view of the same case with the continuation of the fibres from the first zone involving the frontal portion of the head; from the sixth zone on either side involving the larynx; from the 11th zone on the right involving the lower portion of the right lung; from the 13th on both sides out over the scapulae under the arms, from the 19th zone on both sides branching over the kidneys.

Mr. H. had asthma, neurasthenia, laryngitis and tender lungs.

Illustration No. 549.—Shows back view of Mr. M. with tracings from the sixth zone on both sides to the anterior; from the seventh on both sides in the same direction; from the eighth on both sides outward over the acromion process, also branching over the scapula; from the 13th on both sides following the intercostal spaces to the anterior, going under the scapula on the right; from the 15th on the left to about four inches from the spine; from the 16th on both sides outward and downward toward the anterior; from the 23d, 24th and 25th on both out toward the anterior, the fibre from the 25th on the left continuing farther down on the external part of the thigh than the one on the right; from each foramen on each side involving the nates and the posterior part of the thigh.

Illustration No. 550.—Shows the front view with the continuation of the fibres from the sixth on both sides to the larynx; from the seventh on each side over the shoulder, down along the anterior side of the arm and forearm to the hands, the one on the right dividing at the elbow continuing as two fibres; from the 16th on either side across the abdomen to the descending portion of the dudenum; from the 24th on either side to each side of the scrotum; from the 24th down along the inner side of the thigh; from the 25th on the right along the external portion.

Mr. M. had spermatorrhea, stomach disorder, costive to some extent, subject to tonsilitis, lower legs and feet cold and has pain under great toe after certain adjustment of the base of the sacrum, also excessive sweating under arms, pain in the left shoulder, arms and wrists; more especially in the left.

Illustration No. 551.—Shows the back view with tracings from the 14th zone on the left out under the scapula to the anterior; from the 19th on both sides branching over the kidneys; from the 22nd on the left out over the ilium; and from the 23d

on the right in the same direction; from the superior and inferior foramina of the sacrum on the left to the region around the posterior of the acetabulum.

Illustration No. 552.—Shows front view with the continuation of the tracings from the 14th on the left branching over the stomach from the 22nd on the left and the 23d on the right, downward across the inguinal regions to each side of the scrotum.

Mr. M. had varicocele, stomach disorder, kidney pains in the back and some liver trouble.

Illustration No. 553.—Shows back view with tracings from the eighth on the right out to the anterior; from the ninth on the right out over the scapula, down under the axilla; from the 24th and 25th on the left out over the ilium; from the superior; foramen of the sacrum down anteriorly, dividing one branch going toward the front, and the other continuing downward along the external portion of the thigh, dividing above the knee ending about the center of the leg; from the second foramen dividing one going out almost parallel to the above to just above the knee, and the other almost straight down, dividing above the knee, involving the posterior portion of the calf of the leg; the two from the inferior foramina involving the nates and part of the thigh.

Illustration No. 554.—Shows the left antero-lateral view with the continuation of the fibre from the ninth, involving the region over the lung from the 24th and 25th involving the anterior and interior portion of the thigh; and the superior fibres from the sacrum, the external part of the thigh and leg.

Illustration No. 555.—Shows the anterior view of the right arm with the continuation of the tracings from the eighth zone to the arm and hand and fingers.

Mr. K. has had his case diagnosed as sclerosis of the anterior column of the cord; writer's cramp in the right arm and hardened ear wax.

Illustration No. 556.—Shows the back view with tracings from the ninth zone on the left, out over the scapula and under the axilla; from the 14th and 15th on the left following the intercostal space to the anterior and the fibre from the 14th dividing just before going anterior from the 21st on both sides out over the ilii.

Illustration No. 557.—Shows anterior view with the continuation of the tracings from the 14th and 15th on the left involving the region over the stomach; from the 21st on both sides downward across the inguinal regions to the bladder.

Mr. H. had incontinency of urine, also weak eyes, and slight indigestion.

Illustration No. 558.—Shows back view with tracings from the tenth zone on both sides out under the scapulae and under the axillae; from the 21st zone on both sides branching over the lumbar region of the back.

Mr. Mc. had a cold in the chest, and also lumbago.

Illustration No. 559.—Shows anterior view with the continuation of the tracings from the 10th zone on either side involving both lungs.

Mr. B. had chronic catarrh of the head, slight kidney trouble and suffered pain upon urinating.

Illustration No. 560.—Shows back view with tracings from the fifth on both sides out and up to below the ears; from the 13th on the left out and down to the anterior; from the 22nd and 23d out over the ilii to the front.

Illustration No. 561.—Shows the anterior view with the continuation of the tracings from the 13th to the region over the stomach; from the 22nd and 23d on both sides down across the inguinal regions to the region over the bladder.

Mr. C. had varicocele, kidney trouble, lack of or an excess of urine and a general dropsical condition.

Illustration No. 562.—Shows the anterior view with tracings from the 22nd zone on either side down across the inguinal regions to each side of the scrotum; also from the 23d on each side just to the anterior.

Illustration No. 563.—Shows back view with tracings from the 19th zone on the left over the left kidney; from the 19th and 20th on the right over the right kidney; from the 22nd and 23d on both sides out over the ilii; from the 24th and 25th on the left to the nates.

Mr. S. was troubled with despondency, headaches, lack of concentration, watery eyes, constipation at times, except when at work, then diarrhoea.

Illustration No. 564.—Shows back view with tracings from the first zone on both sides out and up over the head to the frontal portion; from the second on each side to the occipital portion of the head; from the third on each side out and up to the ears; from the fourth on either side, branching over each side of the neck; from the ninth on either side out under the scapulae down under the axillae to the anterior; from the 19th on the right out, then upward parallel to the spine along the side of the neck to the occipital portion of the head, dividing and involving a spot on each side of the crown and ending in two small branches; from the 20th on both sides involving the region over the kidneys.

Illustration No. 565.—Shows the continuation of the fibres from the first zone on each side of the frontal portion of the head; from the ninth on each side from under the axillae, dividing into two branches over the chest going to the median line.

Mr. E. was costive and constipated, had catarrh and the bronchial tubes and the heart were involved.

Illustration No. 566.—Shows the back view with tracings from both sides of the fourth zone outward and under the ear; from the 10th zone on both sides out under the scapulae and under the axillae; from the 22nd zone on both sides out over the ilii.

Illustration No. 567.—Shows the anterior view with the continuation of the tracings from the fourth on each side from under the ear across the face ending in three branches to each side of the nose; from the 10th on each side involving the region over each lung; from the 22nd on each side from over the ilii branching over the abdomen.

Mr. F. had an eruption over the scalp, and the kidneys were acting in bad order, and also had varicocele.

Illustration No. 568.—Shows the back view with tracings from the 18th and the 19th zones on both sides involving the region over the kidneys; from the 24th on each side out about 21 inches dividing one branch going out over the ilium and the other taking a downward course going around the nates under and between the thighs to the under side of the scrotum.

Illustration No. 569.—Shows the anterior view with the superior tracings from the 24th on each side down across the inguinal regions to each side of the scrotum.

Mr. P. had catarrh of the stomach and bowels, nasal cavity, seeming fullness of the head and bronchial trouble.

Illustration No. 570.—Shows the back view with the tracings from the fourth zone on both sides out under the ear; from the ninth and tenth on the right out under the scapula and under the axilla; from the 14th on the left out under the scapula to the anterior; from the 15th parallel to the above; from the 21st on both sides out over the ilii; from the 23d on the right in the same direction as the 21st; from the 24th on the left out over the ilium to the anterior.

Illustration No. 571.—Shows the anterior view with tracings continued from the fourth on both sides from under the ear across the face ending in two branches to each side of the nose; from the ninth on the right from under the axilla upward across with two branches to the bronchii; from the tenth on the right with two branches to the lower portion of the right lung; from the 14th and 15th on the left branching over the fundus of the stomach; from the 21st on both sides involving the abdomen.

Mr. W. had liver complaint, pains in the region over the kidneys, constipation, chronic cold in the head or nasal cavities, has had the rheumatism in extremities and lately in the left arm.

Illustration No. 572.—Shows the back view with tracings from the fifth on both sides out under the ear to the anterior; from the 12th on the right out under the scapula following the intercostal space to the anterior; from the 19th to the left out and down to the anterior; from the 21st on the right and from the 22nd on both sides out over the ilii.

Illustration No. 573.—Shows the anterior view with the tracings continued from the fifth on both sides to the nose; from the 12th on the right to the liver, ending in three branches; from the 19th on the left over the ilium down across the left inguinal

region to the bladder; from the 20th on the left crossing the fibre from the 19th and ending in two branches to the left lumbar region of the abdomen; from the 21st zone on the right just about three inches from the anterior superior spine of the ilium; and also branches over the right lumbar region of the abdomen; from the 22nd on the right, involving the right half of the transverse colon.

Mrs. H. had diabetes, constipation, bronchitis, or asthma, trembling from the hips down, extreme excitability and the stomach was also involved.

Illustration No. 574.—Shows the back view with tracings from the 12th on the right out under the scapula following the intercostal space to the anterior; from the 19th and 20th on both sides involving both kidneys.

Illustration No. 575.—Shows anterior view with the continuation of the tracings from the 12th on the right branching over the region of the liver.

Mrs. R. had severe pains in arms and the hands, enlarged glands all over the body, gas in the stomach, serous circulation, involved some uterine trouble, mostly leucorrhea. Some trouble with the tonsils, and also catarrh of the head.

Illustration No. 576.—Shows tracings from the first zone on both sides to the occipital portion of the head; from the third on both sides to the center of each ear; from the fourth on both sides out to below the ears to the anterior; from the fifth on each side involving the muscles of the neck; from the sixth on each side to the anterior; from the ninth on each side out over the scapulae then under the acromion process of the same, then along the external part of the arm to the wrist of each arm; from the 14th on the left out following the intercostal space to the anterior; from the 22nd and 23d on the left and 23d on the right out and upward along the spine to the occipital region, branching over that area; from the 23d on each side out and down over the ilii.

Illustration No. 577.—Shows the anterior view with the continuation of the tracings from the fourth on each side across the face to each side of the nose, from the sixth on each side branching over the region above the episternal notch; from the 14th on the left branching over the region of the stomach; and also the fibres from the ninth on each side to the wrists.

Mr. G. had a bony growth of the left side of the forehead.

Illustration No. 578.—Shows the left lateral view with a tracing from the fourth zone on the left side out and upward behind and over the ear.

Illustration No. 579.—Shows the anterior view with the continuation of the tracing from the fourth zone on the left side to a growth on the left side of the forehead.

Mr. F. had eczema, orbital headache and breast pain in the left side.

Illustration No. 580.—Shows the back view of the tracings from the fourth zone on both sides out and upward behind and over the ear to the anterior; from the 12th on the left out under the scapula following the intercostal spaces to the end of the 11th rib.

Illustration No. 581.—Shows the anterior view with the continuation of the tracings from the fourth zone on both sides over the ears branching over the eyes; from the 12th on the left from under the axilla branching over the left breast.

Miss W. had chronic laryngeal cough.

Illustration No. 582.—Shows the back view with tracings from the seventh zone on both sides around to the anterior; from the tenth on both sides outward and downward over the scapulae and under the axillae to the anterior.

Illustration No. 583.—Shows anterior view with the continuation of the tracings from the seventh on both sides branching over the larynx from the tenth on both sides from under the axillae upward across the chest having their peripheries on each side of the episternal notch.

Mr. G. had nothing particular troubling him at the present time but had a number of diseases when young, although he had a slight huskiness in his speech and a pain over the liver. Had a heat stroke and suffered badly from it.

Illustration No. 584.—Shows the anterior view with tracings from the sixth zone on both sides around over the shoulder to the region over the larynx; from the 13th on the right from under the axilla upward across the right chest dividing below the clavicle a branch going to each side of the neck involving the throat; from the 12th on the right following the intercostal space ending in three branches over the liver.

Illustration No. 585.—Shows the back view with the tracings from the first zone on both sides out and up involving a depression on the head just below the crown of the head; from the sixth on both sides out around to the anterior; from the 12th on the right out and down around the side of the body to the anterior; from the 13th on the right following the intercostal space to anterior.

Mr. M. had hay fever, cold limbs and feet, indigestion, buzzing in the ears and constipation.

Illustration No. 586.—Shows the back view with tracings from the third on both sides out and upward over the ears; from the fourth on both sides out and under the ears; from the sixth on both sides around the neck to the anterior; from the ninth on both sides out over the scapulae and under the axillae; from the tenth on the left following the intercostal space parallel to the fibre above to the anterior; from the 22d on both sides out over the ilii to the anterior.

Illustration No. 587.—Shows the anterior view with the continuation of the tracings from the third on both sides over the ears and eyes to each side of the nose; from the fourth on both sides below the ears and eyes to each side of the nose; from the sixth on both sides around the neck to the region over the larynx; from the ninth on both sides from under the axillae upward across the chest branching over the bronchii; from the tenth on the left from under the axilla branching over the region of the heart; from the 13th and 14th on the left to the region over the stomach; from the 22d on both sides from over the ilii branching over the abdomen.

Mr. H. had catarrh, slight cough and varicocele.

Illustration No. 588.—Shows the back view with tracings from the fourth to the right out and upward under the ear; from the fifth on the left out and upward over the ear; from the sixth on both sides out around the neck to the anterior.

Illustration No. 589.—Shows the anterior view with the continuation of the fibres from the fourth on the right under the ear dividing at the external angle of the eye, one going over the eye and the other under the eye to the right side of the nose; from the fifth on the left over the ear and eye to the left side of the nose; from the sixth on both sides around the neck, branching over the region of the larynx.

Illustration No. 590.—Shows the back view with tracings from the 22d on the right out over the ilium; from the 23d on the left out over the ilium.

Illustration No. 591.—Shows the anterior view with the continuation of the tracings from the 22d on the right down across the inguinal region to the right side of the scrotum; from the 23d on the left down across the left inguinal region to the left side of the scrotum.

Mr. H. had rheumatism in the arms, catarrh in the throat, stomach disorders or gas, backache and rheumatism in the legs.

Illustration No. 592.—Shows back view with tracings from the sixth on both sides to the anterior; from the seventh on both sides to the anterior; from the eighth on both sides out over the scapulae under the acromion process of the scapulae down along the external part of the arms branching to the fingers; from the 14th on the left out under the inferior angle of the scapula to the anterior, dividing into two branches; from the 19th on the left following the intercostal space to the anterior; from the 23d on both sides, branching over the lumbar region of the back.

Illustration No. 593.—Shows anterior view with the continuation of the tracings from the sixth on both sides to the region over the larynx; from the seventh on both sides down along the inner side of the arms to the hands involving the fingers, the one on the left being in two fibres from the axilla; from the 14th on the left ending in two branches to the anterior from the 19th on the left just to the anterior.

Mr. J. had distressed feeling in the region of the stomach about the time it began to empty, also scrotal hernia.

Illustration No. 594.—Shows the back view with tracings from the 15th on the left, following the intercostal space to the anterior; from the 16th on the left to the region over the spleen; from the 22nd on the left out over the ilium to the anterior.

Illustration No. 595.—Shows left lateral view with the tracings from the 15th to the region over the stomach; from the 22nd to the left inguinal region.

Mr. M. had liver trouble, kidney pain and frequent urination.

Illustration No. .596—Shows the back view with tracing from the 11th to the right, out under the scapula and under the axilla; from the 18th on the right out for about four inches and lost it; from the 22nd on the left out over the ilium.

Illustration No. 597.—Shows the anterior view with tracing from the 11th on the right, following the intercostal space with two branches to the region over the liver.

Mr. C. had varicose veins of the right leg, catarrh, slight stomach trouble and hemorrhoids.

Illustration No. 598.—Shows the back view with the tracings from the 23d on the right, out and downward and anterior following along the external portion of the thigh to the varicose condition below the knee; from the 25th out and down on posterior of thigh to the same as the 24th, with a branch to the inner side.

Illustration No. 599.—Shows the origin of tradings at the spine and the periphery of two of the branches from the 25th to the inner side of the leg.

Mr. McN. had a running sore between the external mallelous of the right foot and the heel.

Illustration No. 600.—Shows right latero view with tracings from the 24th on the right side out and down toward the anterior then curving backward to the back of the knee and down along the posterior of the leg, back of the external mallelous to the affected.

Mr. D. had ringing in the ears, gas in the stomach and bowels and was constipated.

Illustration No. 601.—Shows the back view with the tracings from the second and the fourth on both sides out to the ears; from the 13th and the 14th on the left out over the scapula to the anterior and from the 13th on the right out under the scapula to the anterior from the 24th on both sides out over the ilii; from the 25th on the left out to the outer portion of the ilium.

Illustration No. 602.—Shows the anterior view with tracings from the fourth on both sides from under the ears across the face to each side of the nose; from the 13th and 14th the left branching over the region of the stomach; from the 13th on the right over the lumbar regions of the abdomen.

Mrs. N. had ovarian trouble which was greatest when on her feet and the uterus has prolapsed.

Illustration No. 603.—Shows back view with the tracings from the tenth, 11th and 12th on the right, out over the scapula and under the axilla to the anterior; from the 13th and 14th on the left out under the scapula to the anterior; from the 22nd and 23d on both sides out over the ilii.

Illustration No. 604.—Shows anterior view with tracings from the tenth and 11th on the right from under the axilla, branching over a limited area above the right breast; from the 12th on the right to the region over the liver; from the 13th and 14th on the left to the region over the stomach; from the 22nd and 23d on both sides, branching over the lower abdomen with two branches.

Mr. D. had faulty urination and kidney trouble.

Illustration No. 605.—Shows the back view with tracing from the 18th on both sides branching over both kidneys, with one branch on the right, continuing around to the anterior, from the 22nd on both sides out over the ilii.

Illustration No. 606.—Shows the anterior view with tracings from the 18th on the right, across the inguinal region to the region over the bladder; from the 22nd on both sides down across the inguinal regions to the same area all three ending in two small fibres each.

Mr. S. had stomach trouble, constipation, faulty urination, weakened prostrate muscles, sick headache.

Illustration No. 607.—Shows the back view with tracings from the second on both sides upward to the occipital region of the head; from the fourth on both sides out under the ears to the front; from the 13th on the left, out following the intercostal space to the anterior; from the 20th on the right out over the ilium to the anterior; from the 21st on both sides out over the ilii to the anterior.

Illustration No. 608.—Shows the anterior view with tracings from the fourth on both sides from under the ears to the external angle of the eyes; from the 13th on the left, branching over the region of the stomach; from the 21st on the left and the 20th and and 21st on the right from over the ilii branching over the abdomen.

Mr. G. had bladder trouble, stomach and throat trouble, and also bronchitis.

Illustration No. 609.—Shows the back view with tracings from the tenth on both, through the spines of the scapulae and under the axillae; from the 13th on both sides out under the scapulae to the anterior; from the 21st on the left, out over the ilium.

Illustration No. 610.—Shows the anterior view with tracings continued from the tenth on both sides from under the axillae, across the chest and upward to the region over the bronchii; from the 13th on the left, out to the region over the fundus of the stomach, where it was lost; from the 13th on the right from

under the axilla, then up across the chest over the clavicle to the side of the neck, over the throat and sending a fibre to the opposite side; from the 21st on the left from over the ilium down across the inguinal region to the region over the bladder.

Mr. W. had diabetes.

Illustration No. 611.—Shows the back view with tracings from the 18th and 19th on both sides, out over the region over the kidneys; from the 21st on the left and the 21st and the 22nd on the right, out for a short distance; the one from the 22nd was not traceable within two inches of the spine.

Mr. P. had laryngitis or bronchitis and a growth in the right inguinal region.

Illustration No. 612.—Shows the back view with the tracings from the sixth on both sides out to the anterior; from the ninth on both sides out through the spines of the scapulae and under the axillae to the anterior; from the 22nd on the right, out over the ilium to the anterior.

Illustration No. 613.—Shows the anterior view with tracings from the sixth on both sides to the region over the larynx; from the ninth on both sides from under the axillae, upward across the chest to the region over the bronchii; from the 22nd on the right from over the ilium, down across the inguinal region to a growth in that region.

Mr. D. had constipation badly.

Illustration No. 614.—Shows the back view with tracings from the 20th and the 21st on both sides, out for about four inches, then uniting and going out over to the anterior.

Illustration No. 615.—Shows the anterior view with the tracings from the 20th and 21st on both sides branching over the abdomen to the intestines.

Mr. K. had gas in the stomach, cold feet, paralysis of hand, constipated, and frequency in urinating.

Illustration No. 616.—Shows the back view with tracings from the seventh on the right out to the front; from the 19th on both sides over the kidneys; from the 20th and 21st on both sides, uniting about 6 inches from the spine over the ilii to the anterior.

Illustration No. 617.—Shows the anterior view with tracings from the seventh out over the anterior portion of the deltoid muscle, downward along the external portion of the arm to the wrist; from the 20th and 21st on both sides across the inguinal region to the region over the bladder.

Mr. M. had disorder of the prostrate muscles since having the mumps, delayed reparation of a sprained ankle.

Illustration No. 618.—Shows the back view with tracings from the 21st zone on both sides out over the ilii to the anterior; from the 23d on the right out to the external portion of the hip, then downward and backward, dividing below the popliteal space, the branches continuing along both sides of the leg to

each side of the ankle and also a branch from the 21st on the right from the anterior of the thigh, down along the inner side of the leg to the ankle.

Illustration No. 619.—Shows the anterior view with the continuation of the fibres from the 21st on both sides out over the ilii, the one on the right dividing about the C. anterior superior spine of the ilium, one to the right testicle and the other continuing downward and dividing with one branch around the inner side of the thigh, and the other going along the anterior of the thigh, also to the inner side of the knee then to the posterior.

Mr. D. had fullness in the right hypochrondrical region and also the epigastric.

Illustration No. 620.—Shows the back view with tracings from the 13th on the left, out under the scapula to the anterior; from the 15th on the right to the anterior; from the 20th on the left, out over the ilium to the anterior.

Illustration No. 621.—Shows the anterior view with tracings from the 13th on the left branching over the region over the stomach; from the 15th on the right to the descending portion of the duedenum; from the 20th on the left over the ilium and down across the left inguinal region about three inches from the umbilicus.

Mrs. H. had severe pains in the lower abdomen diagnosed as uterine cancer.

Illustration No. 622.—Shows the back view with tracings from the 21st and 23d on both sides out over the ilii.

Illustration No. 623.—Shows the anterior view with the tracings from the 21st and 23d on both sides to the region over the uterus with several branches.

Mr. C. had pain in the left side which has been diagnosed as tuberculosis. Testicle on the left side has been quite sore.

Illustration No. 624.—Shows the back view with the tracings from the 11th on the left following the intercostal space out under the axilla; from the 14th on both sides out to the anterior, the one on the right going under the scapula; from the 22nd on the left out over the ilium to the anterior.

Illustration No. 625.—Shows the anterior view with the continuation of the tracing from the 11th on the left from under the axilla upward, dividing and both branches going to below the episternal notch; from the 14th on the left to the region over the stomach, ending in three branches; from the 14th on the right to a very tender area over the pyloric portion of the stomach; from the 22nd and on the left from over the ilium downward across the left inguinal region to the testicle.

Mr. J. was hard of hearing, constipated and had kidney trouble.

Illustration No. 626.—Shows the back view with tracings from the first and third on both sides out to the middle and lower portion of the ears; from the 19th and 20th branching over the region of the kidney on each side; from the 22nd on both sides out over the ilii to the anterior.

Illustration No. 627.—Shows the anterior view with the tracings from the 22nd on both sides to the lumbar regions of the abdomen.

Mr. B. had inguinal hernia, bladder trouble, loss of memory, watery eyes, general itch all over the body.

Illustration No. 628.—Shows the back view with the tracings from the second on both sides out upward and over the ears to the anterior; from the fifth on both sides under the ears to the anterior; from the 18th and 19th on both sides branching over the kidneys; from the 22nd on both sides out over the ilii to the anterior.

Illustration No. 629.—Shows the anterior view with the tracings from the second on both sides to each side of the forehead; from the fifth on each side to each side of the nose; from the 22nd on both sides from over the ilii downward across the inguinal regions with two branches one to a hernia on each side and the other to the region over the bladder.

Mr. Mc. had stomach trouble and also bowel trouble, constipation, was subject to sick headaches and had a lame shoulder.

Illustration No. 630.—Shows the back view with the tracings from the third on both sides out and upward back and over the ear to the front; from the 13th on the left out under the scapula to the anterior; from the 14th on the right following the intercostal space to the anterior.

Illustration No. 631.—Shows anterior view with the continuation of the tracings from the third zones on both sides to each side of the head above the eye; from the 13th on the left and the 14th on the right from under the axillae upward the clavicle along the neck under and in front of the ear upward to each side of the central portion of the head.

Mr. C. had chronic arthritis in both knees, weak heart and kidneys.

Illustration No. 632.—Shows the tracings from the 23d on the right out over the ilium to the anterior; from the 23d on the left two branches out over the ilium to the anterior; from the 24th on the left out over the side of the hip downward along the external portion of the leg in the front of the external mallelous to about the center of the meta-tarsal bones; from the 24th on the right out about four inches then dividing one branch going to the anterior and the other downward following the external portion of the leg dividing about the center of the leg, the fibres going on both sides of the external malleolus to the side of the feet.

Illustration No. 633.—Shows the right latera view with the tracings from the 23d on the right from over the ilium down along the external portion of the thigh and the knee then along the leg dividing about the middle of the leg each branch going on each side of the external malleolus to the meta carpal bones respectively; from the 24th on the right shows very plainly the

division and crossing of the fibres spoken of in the preceding view; also the continuation of the fibres from the 23d and the 24th on the left.

Illustration No. 634.—Shows the anterior view with tracings as described in both of the preceding views giving the finish of the superior branch from the 24th on the right across to the inner side of the thigh and the leg and on the dorsal side of the foot to the second phalange of that foot.

Mr. W. had varicocele.

Illustration No. 635.—Shows the back view with tracings from the 23d on both sides out over the ilii to the anterior.

Illustration No. 636.—Shows the anterior view with the tracings from the 23d on both sides downward across the inguinal region to each side of the scrotum.

Mr. B. was suffering from the loss of memory, weakened eye muscles and inco-ordination of the upper portion of the alimentary tract.

Illustration No. 637.—Shows the back view with tracings from the fourth on both sides out up and over the ears to the anterior; from the 13th on both sides out under the scapulae under the axillae to the anterior; from the 14th on the left in the same direction; from the 15th on the left almost parallel to the above but going below the scapula following the intercostal space plainly.

Illustration No. 638.—Shows the anterior view with tracings from the fourth on both sides from over the ears to the supra orbital notch of the eyes; from the 13th on both sides from under the axillae upward under the clavicle branching to the throat and eyes; from the 14th and the 15th on the left to the region over the stomach.

Mr. H. had catarrh, stomach and kidney trouble and was slightly indisposed.

Illustration No. 639.—Shows back view with tracings from the first on both sides out and up to the occipital region of the head; from the fifth on both sides out and under the ears to the anterior.

Illustration No. 640.—Shows the anterior view with tracings continued from the fifth on both sides from under the ears across the face to each side of the nose.

Mrs. H. had throat trouble, nasal catarrh, heart trouble, acute cystits, Bright's disease, indigestion and constipation.

Illustration No. 641.—Shows the back view with the tracings from the fourth on both sides out under the ears to the anterior; from the ninth on each side out under the scapulae and under the axillae; from the 11th on each side out under scapulae and under the axillae; from the 13th on both sides out over the scapula the left and under it on the right to the anterior; from the 18th and 19th on both sides out over the region of the kidneys.

Illustration No. 642.—Shows the anterior view with the tracings from the 13th on both sides from under the axillae upward under the clavicle to the throat; from the ninth and 11th on both sides from under the axillae; branching over the region of the lungs.

Mr. I. had puffiness around the eyes.

Illustration No. 643.—Shows back view with tracings from the 17th on both sides following the intercostal spaces to the anterior.

Illustration No. 644.—Shows the anterior view with tracings continued from the 17th on both sides from under the arms upward across the chest under the clavicle along the neck under the ears across the face to the external angle of the eye.

Mr. C. had trouble in the lower limbs and lumbar region of the back and also a catch in the right shoulder as well as a fatty tumor on the biceps muscle of the left arm.

Illustration No. 645.—Shows the back view with the tracings from the eighth on the left out over the shoulder to the anterior; from the 23d and the 24th on the left out and down involving the muscle of the left hip; from the 24th on the right out to the region over or above the hip joint and dividing into two branches.

Illustration No. 646.—Shows the anterior view with the tracings continued from the eighth on the left from over the shoulder to the tumor on the upper arm.

Mr. C. had right shoulder lame, tired feeling between shoulder blades, stomach and bowels involved with slight constipation.

Illustration No. 647.—Shows the back view with tracings from the eighth and ninth on the right out over the shoulder to the anterior; from the 13th and 14th on the left following the intercostal spaces over the scapula to the anterior.

Illustration No. 648.—Shows the anterior view with tracings from the eighth and ninth on the right continued, the ninth going down to and branching over the elbow; from the 13th and 14th on the left to the region over the stomach.

Mr. G. had appendicitis, stomach trouble and constipation with the liver and gall bladder involved, inability to urinate during attack, accompanied by severe pains.

Illustration No. 649.—Shows the back view with the tracings from the 12th and the 13th on the right out under the scapula to the anterior; from the 13th and the 14th on the left out under the scapula to the anterior; from the 19th and 20th on both sides to the region over the kidneys; from the 21st and 22d on the right out over the ilium to the anterior; from the 23d on the right out about two inches to a very tender spot.

Illustration No. 650.—Shows anterior view with tracings from the 12th and 13th on the right to the region over the gall bladder; from the 13th and 14th on the left to the region over the stomach; from the 21st on the left from over the inguinal region to over the bladder; from the 22d on the left from the ilium to the right region.

Mr. A. had parotitis, or mumps.

Illustration No. 651.—Shows the front view with tracings from the fifth and sixth on both sides from under the ears to the parotid glands or the region over the same; from the 13th on

both sides from under the arms upward across the chest under the clavicla along the side of the neck to the region over the throat.

Illustration No. 652.—Shows the back view with tracings from the fifth and sixth on both sides to under the ears; from the 13th on both sides out over the scapulae to the anterior under the axillae.

Mr. L. had parotitis or mumps.

Illustration No. 653.—Shows the back view with the tracings from the fifth and sixth on both sides to out under the ears and anterior; from the 13th on both sides out over on the right and under the left scapula under the axillae to the anterior.

Illustration No. 654.—Shows the anterior view with tracings from the 5th and 6th on both sides to the region over the parotid glands; from the 13th on both sides from under the axillae up across the chest under the clavicle to the region over the throat.

Mr. M. had parotitis or mumps.

Illustration No. 655.—Shows the back view with the tracings from the fifth and the sixth on both sides out and under the ears; from the 13th on both sides out under the scapulae under the axillae to the anterior.

Illustration No. 656.—Shows the anterior view with tracings from the fifth and sixth on both sides over the region of the parotid glands; from the 13th on both sides from under the arms up across the chest under the clavicle to both sides of the throat.

Mr. H. had mumps or parotitis.

Illustration No. 657.—Shows the back view with the tracings from the fifth and the sixth on both sides out and under the ears to the anterior; from the 13th on both sides under the scapulae to the anterior.

Illustration No. 658.—Shows the anterior view with tracings from the fifth and the sixth on both sides to the region over the parotid glands; from the 13th on both sides from under the arms up across the chest under the clavicle to both sides of the throat.

Mr. S. had parotitis or mumps.

Illustration No. 659.—Shows the back view with tracings from the fifth and sixth on both sides out under the ears to the anterior; from the 13th on both sides out under the scapulae, under the axillae to the anterior.

Illustration No. 660.—Shows the anterior view with tracings from the fifth and sixth on both sides from under the ears to the region over the parotid glands; from the 13th on both sides up across the chest, under the clavicle to both sides of the throat.

Mr. G. had mumps.

Illustration No. 661.—Shows the back view with tracings from the fifth and sixth on both sides out and under the ears to the anterior; from the 13th on both sides out over the scapulae to the anterior.

Illustration No. 662.—Shows the anterior view with the tracings from the fifth and sixth on both sides from under the

ears to the region over the parotid glands; from the 13th on both sides from under the axillae, up across the chest to both sides of the throat.

Mr. H. was extremely nervous and had a numb feeling like a belt around from K. P., catarrh in head and pain in right leg below the hip.

Illustration No. 663.—Shows the back view with the tracings from the 13th on both sides out over the scapulae to the anterior; from the 16th on the left out and down to the anterior, following the intercostal space to the anterior; from the 22nd on the left out over the ilium.

Illustration No. 664.—Shows the anterior view with tracings from the 13th on both sides from under the arms, up across the chest under the clavicle to both sides of the throat and up under the ears to the eyes from the 16th on the left to the region over the lower portion of the stomach; from the 22nd on the left out over the ilium down across the left inguinal region over the bladder.

Mr. C. had stomach trouble, buzzing in the ears and sleeplessness. Extremely nervous and subject to frontal and orbital headaches.

Illustration No. 665.—Shows the back view with the tracings from the second and third on both sides out about two inches from joining and going up to upper portion of the occipital region just above a fracture of the skull; from the 14th on the left, out and down for about five inches where it was lost.

Illustration No. 666.—Shows anterior view with four exploratory incisions made by the surgeons to find if the patient had appendicitis, also both views show the left arm atrophied and malformed elbow.

Mrs. K. has from girlhood menstruated only about every four or five months, but the last fifteen years practically all of the time. Had some stomach trouble and dropsy of the abdomen and lower limbs.

Illustration No. 667.—Shows the back view with tracings from the 22nd and 23d on both sides, out over the ilii where they were lost. Also shows a number of tender spots above and below these fibres on both sides.

Mrs. B. was made sick at the stomach when adjusted at the 11th dorsal, and also had ovarian trouble.

Illustration No. 668.—Shows the back view with tracings from the 16th, 18th and 22nd on the left, around to the anterior.

Illustration No. 669.—Shows the anterior view with tracings from the 22nd to the left iliac regions.

Mrs. D. was bothered with wild hairs in the eyes, stomach trouble, headaches, pain in the right and left sides of the abdomen and pelvic regions and rheumatism in the limbs, more especially on the right.

Illustration No. 670.—Shows the back view with tracings from the 14th on both sides out and down around to the anterior;

from the 23d on both sides out over the illi to the anterior; from the 24th on the right out over the hip and downward; from the upper sacral foramina over the right buttocks.

Illustration No. 671.—Shows anterior view with tracings from the 14th on both sides to both sides of the stomach; from the 23d on both sides from over the ilii to the right and left sides of the abdomen of the iliac regions of the same.

Mr. K. had headaches, pains in the middle dorsal and lumbar regions of the back, and weakened feeling in the limbs below the knees and was constipated.

Illustration No. 672.—Shows the back view with tracings from the 14th on both sides with branches out about four inches from the spine; from the 20th on both sides around to the anterior; from the 21st on the left out about 6 inches and connecting with the 20th and from the 21st on the right out about two inches and lost it; from the 22nd on the left out over the hip and dividing one branch going to the anterior, and the other backward to the region of the acetabulem; from the 24th on the left, out about four inches then dividing the upper, ending about four inches further on, and lower going down and forward along the external part of the thigh, branching about the middle of the same and those branches branching over the muscles on the calf of the leg; from the 24th on the right going upward and out over the right ilium and is continued along the inner sides of the right thigh and backward across the popliteal space and down the posterior part of the right leg.

Illustration No. 673.—Shows the anterior view with tracings from the 20th and 21st on the left and the 20th on the right from over the ilii and down across the inguinal regions to the region over the bladder; from the 22nd and the 24th on the left down over the thigh to the leg and the one from the 22nd branching over the knee.

Mrs. P. had rheumatism, more especially in the lumbar region and the arms and the hands.

Illustration No. 674.—Shows the back view with tracings from the 18th and the 19th on both sides out and branching over the region of the kidneys.

Miss C. had an eruption on the face and the nose.

Illustration No. 675.—Shows the right latero view of the neck and the face with tracings from the fourth on the right out and under the ear upward, dividing back of the eye, and the upper going over the eye and down over the nose, and the lower going under the eye and branching over the side of the nose.

Miss C. had an eruption on the face and the nose.

Illustration No. 676.—Shows the right lateral view of the neck and face with tracings from the fourth on the right out and under the ear upward, dividing back of the eye, and the upper going over the eye and down over the nose, and the lower going under the eye and branching over the side of the nose.

Mrs. K. had lameness in the neck and the shoulders, headache, sore throat and tonsils and also lumbar trouble.

Illustration No. 677.—Shows the back view with tracings from the seventh on both sides out and over the shoulders to the anterior, the one on the left continuing down the external portion of the arm; from the eighth on the left out for about eight inches; from the eighth on the right out over the spine of the scapulae and down along the posterior of the arm to the back of the elbow; from the tenth out over the scapula to just above the axilla.

Illustration No. 678.—Shows the anterior view with tracings from the seventh and eighth on both sides continued down both arms.

Mr. H. had trouble with his tongue and difficulty in his speech.

Illustration No. 679.—Shows the anterior view with tracings from the 13th on both sides from under the axillae upward across the chest under the clavicles alongside of the neck with branches to the throat and to the tongue.

Illustration No. 680.—Shows the back view with tracings from the 13th on both sides out over the inferior portion of the scapulae to the anterior.

Mr. E. had a bad left hip, trouble with the sexual organs and also trouble with the right ear.

Illustration No. 681.—Shows the left lateral view with the tracings from the 24th on the left and dividing about three inches from the spine going to each side of acetabulem.

Mr. S. had trouble with the left ear and stomach, and the left testicle was not fully developed, and he also had rheumatism in the left arm.

Illustration No. 682.—Shows the anterior view with tracings from the 14th and 23d on the left, the one to the region over the stomach, and the 23d to the genital organs from the 17th on the right to the region over the head of the pancreas.

Illustration No. 683.—Shows the back view with tracings from the 14th on the left out over the scapula to the anterior; from the 17th on the right following the intercostal space to the anterior; from the 23d on the left out over the ilium to the anterior. Also from the first, second and fourth on the left out to the under and back side of the ear.

Mr. M. had pains in both inguinal regions and paralysis of the muscles of the right eye.

Illustration No. 684.—Shows the back view with tracings from the fourth on the right out and upward behind and over the ear to the supra-orbital notch of the eye; from the ninth on the left out and dividing one branch going over the shoulder and down under the clavicle to the region over the heart, and also the other going over the scapula and under the axillae to the anterior to the region over the heart; from the 13th on the right out under the scapula to the anterior; from the 21st on both sides out over the ilii to the anterior.

Illustration No. 685.—Shows the anterior view with tracings from the fourth on the left to the eye; from the ninth on the left with the ending of the two branches to the region over the heart; from the 13th on the right to the region over the stomach; from the 21st on both sides from over the ilii across and into the inguinal regions.

Miss M. was troubled with constipation.

Illustration No. 686.—Shows the back view with tracings from the 19th on both sides branching over the region of the kidneys; from the 23d out over to the anterior.

Illustration No. 687.—Shows the anterior view with tracings from the 23d, from over the ilii branching over the abdomen.

General tuberculosis confined to the lungs and the right testicle.

Illustration No. 688.—Shows the back view with tracings from the 11th and on the left under the scapula and under the axilla to the anterior; from the 23d on the left out over the ilium to the anterior.

Illustration No. 689.—Shows the anterior view with tracings from the 11th on the left from under the axilla slightly up and then down the region over the ensiform appendix to an enlargement at that point; from the 23d on the left from over the ilium across the inguinal region around the left testicle.

Catarrh of the head and throat, valvular trouble of the heart, slight disorder of the stomach, pains in the lumbar region and anterior to the sacrum.

Illustration No. 690.—Shows the back view with tracings from the fourth on both sides out and under the ears to the anterior; from the ninth on the left out under the upper portion of the scapula and under the axilla to the anterior from the 14th on the left out under the lower angle of the scapula and then to the anterior.

Illustration No. 691.—Shows the anterior view with tracings from the fourth on both sides from under the ears to both above and below the eyes; from the ninth on the left and from under the axilla to the region over the heart; from the 14th on the left following the intercostal space to the region over the stomach.

Mr. H. thrombosis in the left limb and experienced a hot streak across the abdomen upon being adjusted in the lower dorsals.

Illustration No. 692.—Shows the back view with tracings from the 23d out over the ilium to the anterior; from the 24th and the 25th on the left out and down to the upper and posterior portion of the thigh with a short branch to the upper portion of the hip.

Illustration No. 693.—Shows the anterior view with tracings from the 24th on the left over the ilium and down to the scrotum.

Mr. S. had weak eyes.

Illustration No. 694.—Shows the back view with tracings from the fourth on both sides out and up, behind and over the ears to the eyes; from the 13th on both sides, the one on the left going under the scapula and the one on the right over the scapula to the anterior.

Illustration No. 695.—Shows anterior view with tracings from the fourth on both sides from over the ears to the supra orbital notch and the external angle of each eye from the 13th on both sides from under the arms up across the chest under each clavicle under and in front of the ears to the external angle of the eyes.

Mr. C. had trouble with his throat and had some difficulty in talking.

Illustration No. 696.—Shows the back view with tracings from the sixth on both sides out and to the front; from the 13th on the left out under the lower border of the scapula and under the axilla to the front.

Illustration No. 697.—Shows the anterior view with tracings from the sixth on both sides to the region over the larynx; from the 13th on the left from under the axilla up across the chest to below the clavicle where it branches, going to each side of the throat.

Mr. D., general debility and an attack of gonorrhea.

Illustration No. 698.—Shows the back view with tracings from the 23d on both sides out over the ilii to the anterior.

Illustration No. 699.—Shows the anterior view with tracings from the 23d on both sides from over the ilii down across the inguinal regions to each side of the scrotum.

Mr. D. pain in the left side and hands cramp easily and so do the legs, and the kidneys are weak.

Illustration No. 700.—Shows the back view with tracings from the first on both sides up and over the top and side of the head to the front; from the second out to the middle of the ears on both sides; from the fourth on both sides out and under the ears to the front; from the fifth out for about two inches on the left around to the front on the right.

Illustration No. 701.—Shows anterior view with tracings from the first on both sides to the frontal portion of the head; from the fourth from under the ears to the sides of the face and the external angle of the eyes and from the fifth on the right to a burned place on the side of the neck.

Mr. L. had weak lungs.

Illustration No. 702.—Shows back view with tracings from the third on both sides out under the ears to the anterior; from the tenth on the left and the ninth on right out and anterior over the shoulders.

Illustration No. 703.—Shows the anterior view with tracings from the third on both sides from under the ears branching over each side of the nose; from the ninth on the right and the tenth on the left from over the shoulders under the outer third of the clavicle and across to the episternal notch.

Illustration No. 704.—Mr. S. Posterior view.

Shows tracing starting at the spine. Exit of first two fibres inferior to second and superior to third cervical vertebrae leads on left and right up to and over superior portion of ears, eventually leading to the center of the superior orbital arch, and there leading to eye. Fibre of left from between third and fourth cervical vertebrae, taking the same path and ending at the same place on left eye. Fibre will be noted having a common exit between fourth and fifth cervical vertebrae leading under each ear forward over cheek and passing to the outer angle of the eye, and there having a common entrance.

This individual suffered with the eyes. This view further shows fibre having an exit on left side from between 15th and 16th zones running obliquely downwards and outwards to under angle of scapula, thence forward eventually into three divisions, taking in the region of the stomach. This is a trifle lower than usual, but shows the value of nerve tracing. Usually the adjustment would have been given slightly higher and the case might not have received the desired results.

Illustration No. 705.—Mr. S. Anterior view. Compare the description of 704.

Illustration No. 706.—Mr. J. Posterior view. Fibres on left and right sides have a common exit between 14th and 15th zones and go to the superior abdominal region. Exit of fibre on right side in 20th zone leading slightly downward and outward to right abdominal region. Compare with 707.

Illustration No. 707.—Mr. J. Anterior view. Shows the area covered by the 14th and 20th neuro-meres. It is unusual for any lateral fibre to overstep the linea alba, although that occurs on the left side of this individual.

Illustration No. 708.—Mrs. K. Posterior view. Superior tracing. Shows fibres passing out from between occiput and atlas on left side and between occiput and atlas and on right side atlas and axis. The sides are similar with the exception that the fibre on left has only one exit. Lower tracing shows an elongated fibre leading outward from between the 18th and 19th zones on right, having an insertion in the muscles of the lateral wall of the abdomen. On the left, fibres are found having an exit from between the 18th and 19th, and 19th and 20th zones. The insertion of these nerves leads to the kidneys. Lateral fibres are noted in the 22d neuro-mere, passing laterally and forward, eventually reaching the ovaries. Two fibres are found on each side of the sacrum, having a common exit passing the posterior notches and thence

downward and are easily traceable. The superior fibres are under pressure between fifth lumbar and sacrum. The same subluxation is producing pressure upon fibres having their exit below through the foramina of the sacrum.

Illustration No. 709.—Mrs. K. Anterior view.

This view shows the 22d neuro-mere passing downward and obliquely forward dividing into three divisions of the left side and two on the right. The affection here was ovarian.

Illustration No. 710.—Mr. L. Posterior view. Fibre is shown on left having an exit from between the 13th and 14th verte-meres passing obliquely downward and forward, going under the angle of the scapula. The 22d neuro-mere passes laterally and forward over the crest of the left ilium, thence to left testicle. Fibres are seen passing outward from between the 22d, 23d and 24th verte-meres. The 23d fibre passes over the crest to the ilium, thence forward, having its insertion in the internal portion of the right leg, eventually reaching as low as the superior one-third of the shin.

The other branch of this 23d neuro-mere passes downward to a common meeting point on the buttock, where it unites with a fibre passing outwardly from between the 24th and 25th vertebrae. Also unites with a nerve passing outward from between the 25th vertebra and sacrum. It will further be noticed that three fibres have exit through the right posterior sacral grooves, the most superior of which unites and helps to form the sacrosciatic, and continues outward over the left buttock, passing thence toward the posterior internal portion of the rear leg, divide and go to each side of the posterior popliteal space.

Illustration No. 711.—Mr. L. Anterior view.

Illustration No. 712.—Mr. R. Posterior view. Subluxation posterior, inferior of 22d verte-mere producing a pressure upon fibre leading directly lateral, over the crest of the ilium, thence forward and downward, eventually to right scrotum, which was pedulous. The right testicle is diminished in size and does not functionate.

Illustration No. 713.—Mr. R. Anterior view. For description see 712.

Illustration No. 714.—Mr. B. Posterior view. Subluxation between the seventh cervical and first dorsal producing pressure upon the eighth neuro-mere which leads directly outward, slightly downward, passing over left shoulder, following the posterior outward angle of the superior one-third of the upper arm, and thence radiating forward and downward, eventually leading to the muscles of the forearm. The condition was "writers' cramp." There was also existing a subluxation between the 13th and 14th veter-mere, producing pressure upon 14th neuro-mere leading obliquely downward to side leading to eventually divide over the pit of the stomach. It will be noted that there is a fluctuation in the actual insertion and exit of this fibre which is involved. Nerve tracing makes your work specific without a question of doubt.

Illustration No. 715.—Mr. B. Anterior view. Compare with 714.

Illustration No. 716.—Mr. F. Posterior view. Shows a subluxation existing between seventh and eighth dorsal vertebra. Fibres leading upward parallel with vertebral column converging slightly outward; thence over ears; thence forward to the internal portion of the orbital arch. This tracing is unusual, yet adjustment at this place is specific and arch of effect involved.

Illustration No. 717.—Mr. F. Anterior view. Containing the fibres shown in Illustration No. 616.

Illustration No. 718.—Mrs. I. Posterior view. Superior fibre passing outward from between the third and fourth cervical, on both sides leading anteriorly under ears; thence forward over cheek to lateral angle of each eye, passing inwardly. 13th neuromere, on left and right sides, pass obliquely downward and laterally; thence forward over axillae, taking an oblique and downward direction over chest, passing under clavicle; thence upward passing through superficial neck muscle and enter same place with the fourth neuro-meres of both sides.

The chiropractor would refer to this as a combination cross tracing with combination cause having a combination effect in the same place. The affection area were the eyes.

The effect produced by the fourth neuro-mere was one-half of the inco-ordination. The other one-half was produced by pressure on the 13th neuro-meres. It is necessary to involve a combination adjustment to permit the combination effect to return to co-ordination. 17th ossemere is also subluxated, producing pressure upon a 17th neuro-mere which follows upward and parallel to the spine, passing superficially through the posterior neck, behind and over the ears. This leads directly to and over ears to center third of the superior orbital arch. This shows how three subluxations of different locations will impinge three different nerves going to a common location.

Illustration No. 719.—Mrs. I. Anterior view. Study description of Illustration No. 718.

Illustration No. 720.—Mr. R. Posterior view. Subluxation between third and fourth cervical. Fibres go thence laterally and forward to a common junction point, to the ear, where the left fibres divide into three sections, and the right into two. The lower division of the right fibre enters the inferior center of one-third of the eye; the middle fibre thence upward at the lateral section of the eye; the superior fibre passing up and over the superior arch, entering the eye at the center one-third.

The left fibre, inferior branch, passes into the inferior one-third of the eye. The superior branch to the outer angle of the eye.

Illustration No. 721.—Mr. R. Anterior view.

Illustration No. 722.—Dr. A. Posterior view. Fibre on left exists from between third and fourth cervical vertebra, passes the posterior of left ear. Affection was a boil. Subluxation of seventh cervical vertebra also first dorsal shows pressure on eighth neuro-mere on right, and ninth on left. They have a common entering point in the bronchii anterior. This individual suffered with bronchial and diaphragmatic asthma. Inferior tracing shows subluxation from between 13th and 14th ossemeres producing pressure on 14th neuro-mere, leading obliquely downward and laterally on right. Fibres on anterior pass into the diaphragm. This case, superficially, would have been diagnosed but also a contractured left diaphragm.

Illustration No. 723.—Dr. A. Anterior view. For reading of this photo, study description given under Illustration No. 722.

Illustration No. 724.—Mrs. K. Anterior view.

Illustration No. 725.—Mrs. K. Anterior view. Closer view of tracing.

Illustration No. 726.—Posterior view. Mrs. K. The lower extremities.

Illustration No. 727.—Close view showing the emergence of two fibres on left and right each assuming a different path. Two superior fibres running laterally and forward. The inferior fibres passing obliquely, downwards, outwards and forwards. The full length in direction of these fibres is shown on Illustration No. 726. Illustration No. 724 shows the anterior direction of two inferior fibers. Notice one over the left thigh passing obliquely inwards to the inner angle of the knee of right fibre, entering upon the inner leg section of the thigh.

Illustration No. 728.—Mr. T. Posterior view.

Tracing shows emergence of fibres between atlas and axis. Direction of each fibre leads anteriorly over ears as shown and marked figure. Also emergence of fibres on left and right between third and fourth cervical vertebra passing forward in front of both ears. Also subluxation of fourth dorsal producing pressure upon 11th neuro-mere which passes under the right scapula, and is thence shown passing under the right axilla. The 14th neuro-mere shows two fibres passing laterally and forward. 18th neuro-mere ends in three distinct branches going directly to left kidney which was involved. The 21st neuro-mere passes laterally and forward. The next nerve tracing shows one of the particular tracings occasionally met with. The fifth lumbar is subluxated. Pressure is noticed on left between fifth lumbar and sacrum and on right between fourth and fifth lumbar. This tracing is shown in its entirety.

The second neuro-mere traces to forehead and area. The individual suffered with headaches. Fourth neuro-mere ends in cheek bone on each side. 11th neuro-mere ends in region over liver. 14th neuro-mere to region to linea alba where photograph shows cicatrix of former operation. 21st tracing leads to lower

abdominal region. We have not gone into all the details of symptoms and diagnoses with these cases. Symptoms are objective and subjective and are hypothetical in the vast majority of cases. In the objective symptomatology is unnecessary. If subjective, then the percentage of diagnoses is problematical.

Illustration No. 729.—Mr. C. Anterior view.

13th neuro-mere on left leads to vertebral border of scapula, passes under scapula, thence forward to region over stomach.

Illustration No. 730.—Mr. C. Anterior view. Notice direction of fibres over region of stomach.

730 A. Mates with 729 and 730.

Illustration No. 731.—Mrs. L. Two tracings were possible of this case. The more important being the first lumbar subluxation. First lumbar producing pressure upon superior and inferior fibres on both sides. The distribution was in the kidneys.

Illustration No. 732.—Mr. S. Posterior view. Important tracing is 22nd neuro-mere on left and right sides.

Illustration No. 733.—Mr. S. Anterior view. 22nd neuro-mere leading anteriorly to bladder.

Illustration No. 734.—Mr. J. shows 14th neuro-mere under pressure on left side running to area of stomach as shown by Illustration No. 735. This is a common tracing for all stomach disorders. In going through this entire set of views, the degree of the affection is determined entirely by the degree of subluxation which determines the degree of pressure upon nerves which, in turn, determine the amount of current that is being transmitted.

The name you might give a disease depends entirely upon the degree of affection which must be proven by the degree of cause. Thence all nerve tracings; but to connect cause with effect or effect with cause, it is only sufficient to know the location of the affection to nerve trace and exactly and specifically locate the cause.


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